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President: Mr. Deiss ..... (Switzerland)

The meeting was called to order at 3 p.m.

Agenda item 10 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

High-level meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/65/797)

The President (*spoke in French*): I now give the floor to His Excellency Mr. Stephen O'Brien, Minister for International Development of the United Kingdom of Great Britain and Northern Ireland.

Mr. O'Brien (United Kingdom): It is an honour to address this Assembly, which, in 2001 and 2006, agreed that no one should go without HIV prevention, treatment, care and support, and set itself the ambitious goal of universal access. The United Kingdom was proud to be in the forefront of this agenda then, and we are proud to be there again today.

We have made great progress since those days. Who would have thought that over 5 million people would now be on treatment? That new infections, in many parts of the world, would be levelling off?

I would like to commend the Secretary-General for his excellent report (A/65/797) summarizing that progress, which forms the basis of this meeting. I thank the Ambassadors of Botswana and Australia for their hard work in facilitating the outcome document. I would also like to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors for their continued leadership of the global HIV response.

We see the UNAIDS strategy as our guiding document as we enter the next phase of the HIV epidemic, and we call on countries and on all parts of the United Nations system to deliver on their responsibilities under it.

But despite the progress made, it is clear that we have a long way to go against an evolving epidemic. In some parts of the world, particularly parts of sub-Saharan Africa, AIDS remains an overriding emergency, particularly for women and particularly when combined with the tuberculosis epidemic. In all parts of the world, it is the vulnerable and the marginalized who are most at risk. This may be an adolescent girl unable to secure her sexual and reproductive health and rights and protect herself from infection. Increasingly, as the epidemic develops, it is also men who have sex with men, people who inject drugs, sex workers, transgender people, prisoners and others on the margins of society who cannot access the services they need because of stigma, discrimination or violence.

When we deal with HIV, we deal with issues that are difficult for many people — intimate issues of sex and drugs, involving our own personal ethics, religion or morality. The United Kingdom respects the right of

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sovereign States to make their own laws and of people to live according to their own cultural standards. But to make progress against this epidemic, we must take a pragmatic, public-health-oriented approach that is based on what we know works in the world as it is — not as some think it ought to be or even would like it to be. And we know that what works is to respect human rights and the human rights of these groups and enable them to access services. That is why the United Kingdom has pressed for the needs of these groups to be recognized and will continue to do so. We have also put women and girls, who are particularly vulnerable in this epidemic, at the forefront of everything we do.

We also need to be innovative in our solutions as the epidemic changes. For many, HIV is now a chronic condition, which means that a long-term investment in care and support is what is needed, including for carers. The United Kingdom is exploring innovative methods to provide this support, such as cash transfers, and it has set out its continuing commitment to make progress against the challenges of HIV in a position paper published last week. This summarizes the HIV outcomes from a year of intensive review at the Department for International Development in the United Kingdom.

Even in tough economic times, in very tough economic conditions, the United Kingdom has stood by its commitment to spend 0.7 per cent of gross national income on international development by 2013. We are keen that our investments deliver not just for HIV, but for development in general. In the current climate, I — like any politician — have to justify every single penny of our spending to the public in terms of the impact it has. I can certainly assure everyone here that every Friday evening I am given the third degree by my constituents, who insist that I justify every single penny of that spend. That is why the United Kingdom coalition Government has conducted a root-and-branch review of all its aid programmes to ensure that what we spend makes a difference and that we can show it.

That is also why, in the discussions leading up to this event, we have argued for an approach that is rooted in the evidence base and the need to deliver value for money.

The price of treatment has come down by 99 per cent in 10 years. But it can, and it has to, come down further, especially second- and third-line treatment. I am delighted that the Clinton Health Access Initiative, with United Kingdom support, has managed to lower the cost of the drug Tenofovir. We calculate that the benefits from our support alone equate to half a million people on treatment. We also continue to support the Medicines Patent Pool and strongly urge pharmaceutical companies to join. Resources are key. The United Kingdom will do its bit, including through our 0.7 commitment and our increased support for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Others must follow.

We are clear on the fact that prevention is the cornerstone of an effective and sustainable response, and we know a lot about what we need to do here. There is no reason for children to be born with HIV, as we know that treatment for the prevention of mother-to-child transmission works. There is equally no reason for injecting drug users to contract HIV, as we know that harm reduction works. There is no reason for young people — especially girls — to contract HIV when we know that comprehensive sexuality education works.

But we still need to work on the evidence base, particularly for prevention. Evidence-based prevention remains at the heart of our response to HIV within the United Kingdom. As a result of sustained prevention over the last 25 years, the United Kingdom remains a low-prevalence country as a result of the use of condoms. Treatment has transformed the outlook for people with HIV, and today many people are living near-normal lives. It is increasingly clear that treatment has prevention benefits as well.

But challenges remain, including the need to diagnose early, deal with the challenges of ageing with HIV, and reducing stigma. We need to guard against complacency.

We know that infection is influenced by a variety of social and behavioural factors and that a combination, multisectoral response is required, but we need to get better at identifying exactly which prevention interventions work in which contexts. We need to better understand how we fight stigma and discrimination and change behaviour, and we need to continue the investment in research and development, to develop new products, such as microbicides, and keep the hope of a breakthrough in vaccine research.

This High-level Meeting is poised to sign off on an ambitious political declaration which takes us

through to 2015. Negotiations were hard, and we all had to compromise, but it has been worth it.

The United Kingdom is pleased in particular with the following critical areas of agreement. Commitment was renewed to universal access with agreement to a goal of 15 million people on treatment by 2015. It was recognized that prevention must be at the heart of the response. It was agreed that the key populations at high risk of infection must be targeted if we are going to defeat this epidemic. The need to use flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights for the benefit of public health was reasserted. Strong language was included on women and children, human rights, care and support, stigma and discrimination, and, of course, prevention as much as treatment.

We did not get there by 2010, but a world with zero new infections, zero AIDS-related deaths and zero stigma and discrimination is a world worth fighting for. Now more than ever, we must do all we can to make sure that the outcome document is a testament to the continuing high-level political commitment and support from the international community to finish the job we started a decade ago. The three zeroes are possible. We have the tools; we just need the leadership and the will to deliver. The United Kingdom is as committed as ever to promote and provide these, and we urge others to do so as well.

The President (*spoke in French*): Before hearing the next speaker, I would like to make the some remarks. We still have 95 speakers to hear during the High-level Meeting, and we only have tomorrow to do so. We must also adopt the political declaration and close the High-level Meeting. I therefore propose that the Assembly continue today's meeting beyond 6 p.m. I request once again that speakers respect the time limit set at five minutes per statement so that we may hear all the speakers on the list within a reasonable time. I hope I can count on your cooperation.

I also wish to inform the Assembly that the adoption of the political declaration will take place at the beginning of tomorrow afternoon's meet at 3 p.m. in the General Assembly Hall.

I now give the floor to His Excellency Mr. Agung Laksono, Coordinating Minister for People's Welfare of Indonesia.

Mr. Laksono (Indonesia): To this gathering of world leaders, policy makers, civil society organizations, health care providers and people living with HIV, I bring the greetings of the President of Indonesia and his congratulations on the progress achieved since the historic General Assembly special session on AIDS in 2001.

While already in 2001 there had been periodic breakthroughs, it was not yet at all clear if and when the rising tide of HIV infection could be slowed and eliminated. We can give thanks today that we can prevent infection, save lives and improve the quality of life of millions of people threatened, affected and infected by HIV.

Global experience and our own experience show us that we must do four things to keep up this momentum: first, learn from experience; secondly, focus our efforts and resources on strategically important interventions; thirdly, address the critical social and human rights issues that limit people's access to the information and services they need; and lastly, work in broad partnerships that bring together the knowledge, influence and expertise of the many players in this vast human drama.

We have knowledge and technologies that can empower us to accelerate action to reduce new infections, improve the quality of life of those already infected and mitigate the impact of the epidemic for families, friends and communities that are directly affected.

Indonesia has worked hard to achieve the goals agreed to and to move towards universal access. We are not there yet, but we have made much progress in the past 10 years. We have laid a solid foundation for important networks of collaboration and have developed partnerships that have helped increase coverage, improve effectiveness and move towards self-reliance and sustainability in our response.

We take pride in the birth and hard work of national networks of key affected populations in Indonesia, namely positive women, people living with HIV, injecting drug users, sex workers, the network of men who have sex with men, and transgendered persons. They are key partners with full agendas for their own activities, and they join in the planning, implementation, monitoring and evaluation of our shared national efforts.

We have made particularly good progress in improving the availability of comprehensive harm-reduction services through policy reform, appropriate staff training and diversification of delivery systems in a growing number of public health centres in locations across the country.

At the time of the General Assembly's special session in 2001, activities related to HIV and AIDS were limited in Indonesia and were almost completely funded by international development partners. By 2010, our national expenditure had already reached $90 million, with 49 per cent coming from domestic sources and 51 per cent from international sources, primarily the Global Fund.

Our work is far from over, and we are well aware of the challenges ahead. Too many people remain unreached and unserved. Too many people are still victims of ignorance and counterproductive stigma and discrimination.

We have identified three new categories of people to whom we will be directing additional attention, namely, girls and women, high risk men and young people 15 to 24 years of age. We believe that, without increasing prevention and services for them, we will not be able to bring the epidemic under control. Nonetheless, I am here today to emphasize the commitment of President Susilo Bambang Yudhoyono, our Government and our people to staying the course and learning from our own and the global experience with a view to accelerating progress in Indonesia's national response and intensifying our efforts to eliminate HIV and AIDS. In this context, Indonesia supports the draft political declaration to be adopted tomorrow by this High-level Meeting.

Let us move forward from today as one united family within the global community in order to improve the lives of friends and family who are already HIV positive and to protect our children from new infections.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Alexandre Padilha, Minister of Health of Brazil, who will speak also on behalf of the Global Health and Foreign Policy Initiative.

Mr. Padilha (Brazil): I have the honour to speak on behalf of the members of the Foreign Policy and Global Health Initiative: Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand. Our countries comprise many regional groups, diverse cultures and various levels of development. We agree that HIV's impact on health should be used as a point of departure and a defining lens in formulating our international policies and development strategies. In particular, we have committed to speeding up and strengthening implementation of the existing commitments on HIV/AIDS in all its dimensions, including those related to human rights and health.

Universal access to treatment, care and support is an essential but insufficient instrument for fighting HIV/AIDS. It should be systematically accompanied by prevention activities and policies to promote and protect human rights — an essential pillar of the HIV/AIDS response. To that end, increased global funding and better use of and sustained resources are critical. We believe that a public health environment free from discrimination is a fundamental tool in achieving universal access. The right to be free of discrimination constitutes not only a human right in itself, but in the HIV/AIDS context an effective tool in curbing the epidemic. Stigma and discrimination prevent people's access to diagnosis and treatment. Stigma contributes to spreading the disease. It is a matter of choosing between a virtuous or a vicious circle.

In this context, we welcome the adoption by the Human Rights Council of resolution 12/27 on the protection of human rights in the context of HIV/AIDS. We also reaffirm our support to the "zero vision" of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) Global Health Sector Strategy on HIV/AIDS and Sexually Transmitted Infections, recently adopted by the World Health Assembly.

Our group has been underscoring the need to consider a gender approach perspective in all policies and actions. Women and girls must be protected against HIV/AIDS throughout their life and involved in identifying and analyzing necessary measures to ensure this. The involvement and participation of those living with HIV and those most vulnerable, particularly women and young people, are essential. We welcome the call for action endorsed at the Bamako Youth Summit on HIV/AIDS, facilitated by UNAIDS. For our group, youth involvement is nowadays a key point in the fight against AIDS.

Our group recognizes the crucial link between AIDS and maternal and child health, and stresses the need to strengthen health systems in developing countries to eliminate mother-to-child transmission of HIV. Special attention must also be given to populations vulnerable to HIV infection in general. It is crucial that national plans address their specificities through targeted policies, particularly on prevention and treatment. This is particularly relevant in times of conflict or natural disasters.

Free access for prisoners to prevention services and medicines is also critical. Access to medicines is essential in realizing the right to attain the highest standard of physical and mental health, including for people living with HIV. Special international action — such as taking advantage of the flexibilities of the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) — must be taken to ensure access to affordable generic and new-generation antiretrovirals and other drugs.

We urge all Member States to remain engaged in the HIV/AIDS response. Brazil will be hosting the first WHO World Conference on Social Determinants of Health in October in Rio de Janeiro. Social determinants are critical to helping to establish an environment that guarantees respect for human rights and the fulfilment of basic needs for all to flourish equally.

I would like to take this opportunity to make some additional remarks in my national capacity.

In Brazil, we have registered considerable advances during the 30 years of the fight against AIDS thanks to our national public health system, known as SUS. SUS has allowed Brazil to develop universal access to diagnosis, treatment and care. SUS has allowed equitable prevention and treatment policies that are respectful of human rights. These policies reach out to all groups that live in vulnerable situations, such as men who have sex with men, sex workers and injectable drug users. We will fail to combat AIDS affecting those in vulnerable situations if we ignore them. The world will fail to combat AIDS if we try to hide these situations from sight. SUS has allowed people living with HIV, populations living in vulnerable situations and other areas of civil society to have a firm say in the fight against AIDS. SUS has built a permanent dialogue that contributes to affirming human rights and rights of citizens.

The struggle against AIDS is also the struggle to overcome the challenges to financial sustainability. More affordable drugs at fair prices, in accordance with the economic situation of the country, constitute one of the key pillars of this policy. The full implementation of both the TRIPS flexibilities agreed upon in the Doha Declaration and the WHO Global Strategy on Public Health, Innovation, And Intellectual Property will be a powerful and effective tool to accomplish universal access targets. Global political leadership established all of these mechanisms in the past. We must now have global political leadership to move them forward.

In Brazil, we have explored a number of options to reduce the cost of essential medicines to treat HIV/AIDS. All this is done transparently within the legal framework and through good-faith negotiations with pharmaceutical companies, but we do encourage incorporating local production and technology; otherwise universal access will not be sustainable.

Financing is another key element in the global fight against HIV/AIDS, particularly in developing countries. Increased global funding and innovative financing mechanisms have a crucial role to play.

With that in mind, Brazil co-founded UNITAID in 2006. It has succeeded in significantly reducing the prices of second- and third-line antiretrovirals and paediatric formulations. I am very pleased to announce that the Brazilian Congress has just approved a Government initiative that guarantees additional and permanent funding, based on a levy on air tickets, that will at least double our contribution to UNITAID.

Cooperation is also an innovative mechanism for our targets. My country has several HIV/AIDS cooperation initiatives with other developing country partners. Under the South-South Ties initiative, we provide support to a number of Latin American and African countries. Brazil has also partnered with Mozambique in the construction of a pioneer pharmaceutical plant for the production of generic antiretroviral drugs in Africa.

We are ready to improve our cooperation and support. But let me be clear: the cooperation of Brazil and other developing countries must add to existing

flows, not substitute for them. We must not retreat from any front in the battle against HIV/AIDS.

From the Brazilian perspective, there is a broad consensus on the importance of integrating HIV into the wider public health and development agendas. There is a need to link the HIV response to the achievement of the Millennium Development Goals as the overall approach to strengthening health systems.

Universal access to early diagnosis, optimal treatment and prevention with a human rights perspective must be the effective goals to be achieved by 2015.

The President (*spoke in French*): I should like to recall that statements should be limited to five minutes for each delegation. Ninety delegations still have to speak, so if each one takes an additional three or four minutes, we will need to add an extra day.

I now give the floor to His Excellency Mr. Franklin Vergara, Minister of Health of Panama.

Mr. Vergara (Panama) (*spoke in Spanish*): The delegation of Panama wishes to express its sincere satisfaction at seeing you, Sir, presiding over the debate at this important meeting and to wish you and the other members of the Bureau every success in the performance of your duties.

In 2011, the Government of Panama, as did most Governments, entered into an explicit commitment to strengthen its response to HIV. In 2006, we committed ourselves to significantly broadening our response to HIV/AIDS by strengthening existing structures and building on other, innovative approaches. That commitment was enshrined in the 2006 Political Declaration on HIV/AIDS, which set us on the path of achieving universal access, understood as a progressive improvement in coverage for our peoples. The goal is to ensure that our country broadens the scope of its response to include information, promotion and social services as well as prevention, clinical care and psychosocial support related to HIV/AIDS.

The theme of "Uniting for universal access" is directly linked to the fulfilment of a broad array of global commitments, which include leadership and promotion; prevention of HIV/AIDS; care and treatment; respect for human rights; reducing vulnerability; care for orphans and children living in situations of vulnerability as a result of HIV/AiDS; the mitigation of social and economic impacts; research and development; resource mobilization; and the monitoring and evaluation of our national response.

One of the best indicators with respect to Panama's response and the manner in which it has evolved is expenditure on HIV/AIDS, which is determined through the Cost Measurement of AIDS. That expenditure has nearly doubled since 2002, increasing from slightly more than $14 million to over $21 million at the present time.

However, we can and must do more to increase expenditure and to ensure its cost-effectiveness so as to target the population groups most affected and strengthen efforts in the area of prevention. These figures reflect the strong resolve of the State of Panama to ensure that our response is backed by the necessary resources.

With regard to HIV diagnosis and prevention, Panama has focused on the promotion of HIV tests and on making them available to the entire population, while placing particular emphasis on priority groups such as pregnant women in order to reduce mother-to-child transmission. In 2003, coverage extended to only 8 per cent of pregnant women; today that number is 75 per cent.

Significant efforts have also been made to target young people, indigenous peoples, and those segments of the population that are most exposed to HIV/AIDS, which in Panama have been identified as male and female sex workers and men who have sex with men.

Data have indicated that there has been an increase in HIV testing of pregnant women. In the past five years, we have seen a significant increase in this area; 75 per cent of this population group is now tested, thereby improving their quality of life and preventing infections among newborns. This project is also one of the presidential goals that the Government of Panama has set itself.

According to a national survey, 12 per cent of men and women between the ages of 15 and 49 have had an HIV test over the past 12 months and are aware of the results. A great deal remains to be done in order to reach the entire population, but we have already achieved significant results.

Among the population segments most exposed to HIV, sex workers have a high level of access to diagnosis and prevention. We must ensure that the

same is available to men who have sex with other men and to the transgender population.

In Panama, as is the case in many countries of our region, the epidemic is chiefly concentrated among men who have sex with men, sex workers and the transgender population. Significant efforts are being made to reach those groups in order to carry out inquiries aimed at ascertaining their exact situation and thus better direct our efforts.

We have therefore launched a broad-ranging national study in order to obtain that information. Moreover, our country has submitted a proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which was adopted during Round 10. That proposal is geared towards the most affected groups, and its implementation will radically change their level of access to prevention, treatment and care.

Panama has opened free clinics for persons at high risk of HIV infection, in particular sex workers, men who have sex with other men and transgendered individuals.

We are also promoting sex education in schools in order to ensure a comprehensive approach that brings on board parents and teachers. We are improving the system for the acquisition of antiretroviral medication, streamlining the purchase process and facilitating distribution. The national Government, international donors, United Nations agencies, civil society and all other protagonists will ensure mutual accountability at the national level through participatory reviews of our national responses to HIV/AIDS.

The President (*spoke in French*): I give the floor to Her Excellency Ms. Yasmina Baddou, Minister for Health of Morocco.

Ms. Baddou (Morocco) (*spoke in Arabic*): The report of the Secretary-General (A/65/797) represents a bold new vision of a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths. I would like to thank profusely Mr. Michel Sidibé, the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for his activities in the fight against the epidemic.

The various reforms in Morocco, thanks to such initiatives of His Majesty King Mohammed VI as the Family Code, the establishment of the National Council for Economic and Social Development and the restructuring of the National Council for Human Rights, all aim at promoting a culture of human rights and respecting and ensuring gender equality in access to social services, including those related to quality health care. These initiatives have provided an environment that is conducive to strengthening prevention programmes, ensuring an effective fight against stigmatization and guaranteeing adequate support for HIV-infected persons, in keeping with the international vision to fight this epidemic.

For more than two decades now, the Kingdom of Morocco has mobilized and taken decisive steps to fight AIDS. The personal commitment of His Majesty has given a decisive impetus to a new national strategic plan to support AIDS patient care, without any discrimination or exclusions, and implement the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262).

The participation of Her Royal Highness Lalla Salma in this High-level Meeting on the follow-up of the Declaration of Commitment on HIV/AIDS reflects the Kingdom of Morocco's high level of interest in fighting the epidemic. Indeed, despite the low HIV incidence — less than 0.1 per cent of the population — in Morocco, we have noted that most infections arise among the most marginalized and vulnerable populations. Thanks to our efforts and thanks to the solidarity among civil society, the Governmer and international organizations, we have implemented a strategy for fighting HIV and AIDS. This new national strategic plan, which is based directly on reliable data on the epidemic, has enabled prevention, treatment and care for women, young people and children and, in particular, the most vulnerable segments of the population, by providing free tritherapies and care.

We have also undertaken awareness-raising measures to combat stigmatization and discrimination, and we have also focused on providing treatment to intravenous drug users. Under the auspices of religious leaders, social measures have been undertaken to assist in broadening the scope of the campaign. We have also launched a campaign to prevent mother-to-child transmission and to ensure that pregnant women can be tested for HIV.

The Kingdom of Morocco, thanks to its new national strategic plan for 2012-2016, is committed to achieving those desired goals.

In addition, we cannot fail to thank UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In conclusion, I would like to underscore once again Morocco's commitment to strengthening all of its efforts to combat HIV/AIDS.

The President (*spoke in French*): I give the floor to His Excellency Mr. Sanda Soumana, Minister for Health of the Niger.

Mr. Soumana (Niger) (*spoke in French*): The numerous challenges facing my country and the scarcity of its resources, exacerbated by the political crisis that we have experienced, have made it difficult to undertake actions in the area of development. In addition, we are dealing with the threat that HIV/AIDS poses to our communities, which have already been sorely tested by climate change and the ongoing degradation of our ecosystem.

Regarding HIV/AIDS, our sociocultural context is characterized by a large number of sexually active young people. Their travels within and outside the country; the low level of school enrolment, in particular of young girls; and gender-related inequities are indubitably factors that are conducive to the spread of HIV.

Following the adoption by the African Heads of State of the Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and Other Diseases, and in keeping with the commitments contained therein, we introduced a new dynamic into our national policy on combating HIV/AIDS. Since then, significant progress has been made by the political leadership, which brought the national programme for combating AIDS under the auspices of the Office of the President of the Republic and created a national council to combat AIDS, also under the control of the Head of State, in 2002. That year witnessed an important turning point in that context: the drafting of an initial strategic national framework to fight sexually transmitted infections and HIV/AIDS, giving the combat against the epidemic in our country a multisectoral, decentralized character.

On the epidemiological level, our country is facing a concentrated phase of the epidemic, with a relatively low national HIV-positive rate. However, in some groups, such as sex workers and members of the military, the situation remains of concern, with respective rates of more than 60 per cent in some regions and 7 per cent in others.

We have also made very significant progress in treating HIV/AIDS patients. Antiretroviral treatment, which began in 2004, was extended very rapidly to a growing number of patients. There have also been encouraging results in preventing mother-to-child transmission, thanks to the establishment of a national programme in 2003. That programme is currently operational in 483 centres throughout the country.

At the social level, in implementing our programme we have focused particularly on combating the stigmatization and discrimination of people living with HIV, with valuable support from Muslim and Christian religious associations and traditional chiefs. That has raised the profile of the disease and facilitated the emergence of associations and networks of people living with HIV/AIDS. Furthermore, on 30 April 2007, our National Assembly, through its parliamentary network to combat HIV/AIDS, initiated and launched a law on the prevention, treatment and monitoring of the virus, thus strengthening the protection of the human rights of infected and affected people. Assistance is also provided to that highly vulnerable group through socio-economic support, in particular for widows and orphans, thanks to funding from the Global Fund and the World Bank.

Our achievements in recent years have not been without difficulties. In terms of organization, the capacity of civil society to actively intervene was slow to reach cruising speed, leaving only the public sector to act at the beginning. We have also encountered many difficulties in controlling the chain of supply for reagents, medicines and foodstuffs, giving rise to frequent ruptures that have significantly hindered the effectiveness of the care components of our programme. We should also underscore the shortcomings in the follow-up assessment of interventions, leading to certain social and health-care data not being available and to a poor evaluation of the real needs of our health care-related training.

Despite all those difficulties, the strong political commitment of His Excellency the President of the Republic, Mr. Mahamadou Issoufou, has given rise to new grounds for hope. To ensure continuing free antiretroviral treatment, we plan to implement a system to support financing for the purchase of medicines by levying some taxes on luxury consumer goods.

Concerning the system for a follow-up assessment, all necessary tools have been put in place and the skills of the officials entrusted with carrying out the activities have been strengthened. Here, I can affirm that all arrangements for ongoing and consistent data collection have been made. Moreover, that has enabled us for the first time to look into the indicators set out at the Assembly's special session. We will also strive to prevent mother-to-child transmission for all pregnant women in the country wherever they live.

As I speak here, we are in engaged in a planning process that should lead to a multisectoral national plan to combat HIV/AIDS and sexually transmitted infections for the period of 2011 to 2015. Later there will be a round table to mobilize resources for the implementation of all such planned activities.

In the meantime, here, on behalf of the people of Niger, we would like to thank all technical and financial partners who have enabled us to respond effectively to the threat of HIV/AIDS. We take this opportunity to ask them to redouble efforts to assist us, since much remains to be done to preserve the gains and to continue to make progress without going backwards.

The President (*spoke in French*): I now give the floor to Her Excellency Mrs. Zainab Hawa Bangura, Minister of Health and Sanitation of Sierra Leone.

Mrs. Bangura (Sierra Leone): On behalf of His Excellency Mr. Ernest Bai Koroma and the Government and people of Sierra Leone, we are delighted to be part of this historic gathering, particularly as it has been specifically designed for us to report progress in our commitment towards the implementation of the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262, annex) by our respective heads of State and Government.

Sierra Leone's commitment to implementing the two declarations of commitment on HIV/AIDS has been unwavering ever since their adoption in 2001 and 2006. That is evident in the different approaches and measures we have adopted over the years as our national HIV/AIDS response strategy.

Let me use this opportunity to inform the Assembly that, in recognition of our progress in implementing Millennium Development Goal 6, on combating HIV/AIDS, malaria and other diseases, we received a distinct honour from the United Nations Millennium Development Goals (MDG) Awards Committee in September last year as a winner of the 2010 MDG Award for Goal 6. That was clear testament to our commitment to halting and reversing the spread of HIV/AIDS by 2015.

As a follow-up to that recognition, with the support of our development partners and in partnership with civil society, including people living with HIV, we agreed on a five-pillar activity. The activities were guided by and aligned with President Koroma's Agenda for Change and the United Nations Joint Vision for Sierra Leone. They are strategically designed to complement and to feed into one another to deliver one robust and comprehensive road map for our multisectoral response to HIV and AIDS in Sierra Leone, with the ultimate aim of achieving the targets under MDG 6 by 2015.

We were also quick to come to the realization that the pandemic was without doubt a major obstacle to the development of a nation, and that to effectively combat the scourge requires political involvement at the highest level. President Koroma's taking on the role of Chairman of the National AIDS Council was therefore a move in the right direction.

Cognizant of the fact that the disease is a multisectoral development challenge and that to address it effectively requires the comprehensive, coordinated and sustained action of all stakeholders, including people living with HIV and civil society, we ensured that all sectors are given the opportunity to engage constructively. By so doing, we have managed to stabilize our adult HIV prevalence at 1.5 per cent, while prevalence among pregnant women has taken a downward trend to an estimated 3.2 per cent.

Quite recently, His Excellency Mr. Ernest Bai Koroma declared 2011 the Year of Implementation. In response to that declaration, we conducted a comprehensive assessment of our programmes for paediatric care and prevention of mother-to-child transmission and developed a scaled-up plan. Additionally, we revised our 2007 HIV and AIDS Prevention and Control Act to address emerging issues relating to stigma and discrimination. As recently as 10 May 2011, we engaged all stakeholders in a one-day consultation on country ownership and a sustainable AIDS response. Our vision is to promote our ongoing

dialogue on participation, the involvement of stakeholders, ownership and buy-in for effective participation and collaboration in our response to HIV/AIDS.

Amid the building blocks that we have put in place, we are faced with an unprecedented challenge that threatens to reverse the gains that we have already made. We need support to balance scaling-up programmes with institutional capacity. Our health-care infrastructure is overstretched and is short of skilled personnel. We are also challenged in reaching the segments of our population that are most at risk to HIV infection.

Thus, to sustain the gains achieved so far requires resources well beyond the capability of a small and struggling economy such as ours. There is therefore a need for support from global development partners. The foundation of a sustainable AIDS response in our country has already been laid. What we need is the sustained support of all our partners if we are to attain MDG 6 by 2015. We do not want the global development community to assess our needs based on our HIV prevalence. Rather, they should be assessed on the basis of the initiatives that we have put in place.

We in Sierra Leone have a unique opportunity to show to the world what can be achieved in halting and reversing the trend of HIV when we work as one. We in Sierra Leone are particularly indebted to our development partners, including the United Nations family and the Global Fund to Fight AIDS, Tuberculosis and Malaria, for supporting our Government to deliver as one in our efforts to halt and start reversing the spread of the epidemic.

As we meet under the roof and auspices of the United Nations, a decade after the special session on HIV/AIDS, let me paraphrase Winston Churchill's famous Second World War quotation in stating that this is perhaps the "end of the beginning" of the renewed and proactive commitment of our country to achieving zero new HIV infections, zero HIV-related stigma and discrimination and zero AIDS-related deaths by 2015.

The President (*spoke in French*): I now give the floor to Her Excellency Ms. Maria Adiatu Djaló Nandigna, Minister of the Presidency, Parliamentary Affairs and Social Communication of Guinea-Bissau.

Ms. Djaló Nandigna (Guinea-Bissau) (*spoke in Portuguese; English text provided by delegation*): I am honoured to take the floor before the General Assembly on behalf of His Excellency Mr. Carlos Gomes Júnior, President and head of Government of the Republic of Guinea-Bissau, on the occasion of this important meeting on the global agenda in response to the AIDS pandemic.

After three decades of the HIV/AIDS pandemic, the statistics associated with it continue to be of great concern, and would be even more frightening were it not for the commitment made in 2001 at the special session of the General Assembly on HIV/AIDS to ensure universal access to prevention and treatment. There is no doubt that substantial progress has been made since 2001 in reducing the number of new infections, improving access to treatment, decreasing the number of HIV/AIDS-related deaths and addressing stigma and discrimination. However, if efforts are not made to accelerate and sustain the response to the pandemic, the progress achieved — above all towards achieving the Millennium Development Goals — will be undermined.

Mr. Ndong Mba (Equatorial Guinea), Vice-President, took the Chair.

We are very pleased to note that 22 sub-Saharan countries were able to reduce new infections by 25 per cent between 2001 and 2009. We are particularly pleased that, in spite of the obstacles we face, Guinea-Bissau is part of that group.

In the wake of the first HIV diagnosis in Guinea-Bissau, in 1985, our national response was led by the National Commission on Epidemiological Surveillance; and subsequently by the National Programme to Fight AIDS. Medium-term plans were formulated to serve as the framework for the launching of a social marketing campaign in 1996 aimed at promoting the use of contraceptives and voluntary screening and raising awareness of the importance of behaviour change.

Our first national strategic plan to fight AIDS was developed in 2002. The implementation of the activities set out in it received support from the World Bank's Multi-Country HIV/AIDS Programme. A new cycle began in 2007 with the second national strategic plan, which will conclude this year.

The major challenges for Guinea-Bissau's new planning approach include strengthening leadership, coordinating interventions, stepping up prevention

activities and consolidating and enhancing antiretroviral treatment, which was introduced in 2005. Our new strategy is part of larger international efforts, in particular as regards the Three Ones principles.

Under our second strategic plan for a national response, activities have been focused on four main areas, namely, ensuring universal access, reducing the impact of HIV/AIDS, improving epidemiological surveillance and reforming coordination.

To date, the plan's implementation has produced positive results in the area of prevention. Our country succeeded in reducing the number of new infections by 25 per cent between 2001 and 2009. More than 100,000 people have been tested for HIV. We have raised contraceptive prevalence by 59 per cent. We have stepped up our efforts among groups at higher risk of HIV exposure, such as sex workers, young people, long-distance drivers, sailors and uniformed personnel. We have trained more than 800 community workers. And we have improved mother-to-child transmission prevention programmes, with 693 pregnant women having received antiretroviral prophylaxis to date in order to reduce the transmission of the virus. Intensive efforts are also being made to increase women's participation in prevention programmes, as well as to ensure safe blood transfusions.

In the second area of intervention, the survival rate of HIV-positive people increased from 63 per cent to 80 per cent. Antiretroviral treatment was provided to 3,955 people. Clinical follow-up and treatment was made available free of charge in 10,197 cases of opportunistic infections. In addition, improved support was provided to 11,749 orphans and other children made vulnerable by AIDS.

The coordination of our national response, described in the fourth area of intervention, also showed positive results. However, the restructuring of our national secretariat to combat AIDS requires a more coordinated approach to intervention.

In spite of the encouraging results achieved to date, much remains to be done. In that regard, I would like to highlight the main programming and financial challenges that must be addressed in order to improve our national response to HIV/AIDS.

First, we need to strengthen the mother-to-child transmission prevention programme to ensure that no child becomes infected. Here, I would like to emphasize the positive results achieved by two of our treatment centres, in which only two of 200 babies born to seropositive mothers were infected by the virus.

Secondly, we must ensure safe blood transfusions by implementing standard operating procedures and external quality controls.

Thirdly, we must reduce HIV/AIDS prevalence in the general population and in groups at higher risk of HIV exposure, namely, sex workers, young people, long-distance drivers and uniformed personnel.

Fourthly, we must continue advocacy activities with our bilateral and multilateral partners in order to ensure funding for our national response.

Finally, we need to increase the country's financial participation in the national response to the epidemic.

The Government of Guinea-Bissau is aware that the enormous structural and financial constraints it faces, in addition to the difficult global circumstances, will have an impact on the results it achieves in terms of its commitments, such as those made in the Abuja Declaration in connection with public funding to the health sector and in the Declaration of Commitment on HIV/AIDS (resolution S-26/2), as well as in terms of universal access. Those commitments must still be fulfilled in order to achieve the Millennium Development Goals.

Nevertheless, we wish to reiterate that we will pursue our efforts to substantially improve the situation we have described here today. Proof of that commitment is the inclusion of AIDS-related issues in the goals set out in our second poverty-reduction strategy paper, as well as my country's support for the African common position expressed in the meetings held in Windhoek and Abuja.

In conclusion, we cannot overemphasize the fact that, although the successes achieved to date are indeed the result of national efforts and coordination between the Government, the private sector and civil society, the invaluable contributions made through international cooperation, and in particular by the Global Fund and the United Nations system, have been equally crucial.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. André Mama Fouda, Minister of Public Health of Cameroon.

Mr. Mama Fouda (Cameroon) (*spoke in French*): On behalf of His Excellency President Paul Biya and the Government and people of Cameroon, as well as in my own capacity, I wish to convey our gratitude for the opportunity afforded to us to address the General Assembly.

Cameroon welcomes the convening of this High-level Meeting devoted to reviewing the progress made in achieving the goals set out in the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262). This Meeting therefore provides us an opportunity to take stock of the efforts made since the pandemic emerged, 30 years ago. We hope that it will achieve results that strengthen the commitment of Member States and the mobilization of the international community in the fight against HIV/AIDS.

With an estimated HIV prevalence rate of 5.1 per cent among the population aged 15 to 49 in 2010, Cameroon still has a generalized level of the epidemic. Our country has almost 560,000 people living with the virus — 249,000 of whom currently need treatment. In 2010, AIDS caused 33,000 deaths in our country, and, despite efforts to raise awareness, Cameroon recorded about 50,000 new HIV infections. Today there are 305,000 children in Cameroon who have been orphaned by HIV and AIDS.

Given the development of the pandemic, the Government of Cameroon has made the fight against AIDS both a national priority and a priority area for development support under its framework document for growth and employment. Our national AIDS strategic plan for the period 2006 to 2010 has made it possible to achieve positive results. In that regard, I would like to underscore the following.

National resources allocated to the fight against AIDS rose from €1.525 million in 2002 to €11.433 million in 2010. Thanks to our policy on free antiretroviral treatment and medicines for opportunistic infections, the number of patients under antiretroviral treatment increased from 17,156 in 2005 to 90,000 in December 2010, covering almost 37 per cent of eligible patients. There are 145 medical centres providing health care to the sick countrywide.

The prevention of mother-to-child transmission is a basic service in nearly all medical centres. The number of those centres providing such prevention programmes rose from 463 in 2005 to 2,067 in 2010, thereby covering nearly all health districts. Today, the coverage of prophylactic antiretroviral treatment for pregnant women is 22.2 per cent.

Thanks to the support of UNESCO, 760 schools included HIV-related education in their curriculums during the 2009-2010 school year.

There have also been significant efforts to make condoms available. Between 2006 and 2010, 145 million condoms were distributed, an average of 29 million condoms annually. The number of female condoms distributed increased six-fold between 2006 and 2010.

While such progress and results are encouraging, we must recognize that many challenges remain to be overcome. Taking into account the strengths and weaknesses highlighted by the review of our national AIDS strategic plan for the period 2006 to 2010, along with the national and international guidelines on combating AIDS, our Government, with the support of its partners, has drawn up a new framework for the next five years. Under the slogan "Mobilizing for an AIDS-free generation", that new national strategic plan seeks to strengthen gains and to work towards achieving universal access and the Millennium Development Goals on HIV/AIDS and maternal and child health.

The prevention of HIV/AIDS is the cornerstone of that mobilization. The Government's aim in that regard is to ensure innovative approaches to improve our prevention policy by involving multisectoral partners, including civil society and local communities. The Government is also of the view that reliable data gathering and analysis are also necessary for an effective response to the disease.

With regard to access to treatment, Cameroon believes that lowering the price of anti-HIV medicines remains a priority. In an environment of financial and economic crises, today's major challenge is the mobilization of the necessary funds to finance HIV prevention, treatment, care and support in a spirit of shared responsibility.

I should like here to launch an appeal to the international community to show more solidarity and

to continue to support international financing mechanisms, such as the Global Fund, the United States President's Emergency Plan for AIDS Relief, the International Drug Purchase Facility and the ESTHER initiative.

For its part, Africa is determined to strengthen the mobilization of domestic resources to address the pandemic. It is up to African Governments to work towards that end in synergy with their partners, namely, the private sector, civil society and unions.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Wilmoth Daniel, Minister of Health of Antigua and Barbuda.

Mr. Daniel (Antigua and Barbuda): I bring warm greetings from my twin-island nation of Antigua and Barbuda to the more than 3,000 people who have come together here at the United Nations in New York for this High-level Meeting on AIDS, which is intended to provide the international community with an opportunity to take stock of the progress and the challenges of the past 30 years and to shape the future AIDS response.

This High-level Meeting on AIDS is taking place some 10 years after the historic 2001 special session on HIV/AIDS, and the 2006 signing of the Political Declaration on HIV/AIDS (resolution 60/262), when we, as United Nations Member States, committed ourselves to moving towards universal access to HIV prevention, treatment, care and support Ten years later, at the international level, we have in place the Global Fund to Fight AIDS, Tuberculosis and Malaria to assist countries in their fights against the scourge of HIV/AIDS, a disease that once seemed to strike a death knell for those infected. Moreover, we have a group of natural and behavioural scientists, philanthropists and non-governmental organizations — including leadership at the national and global levels — who are all working together on the common threat to humanity. It is therefore safe to say that this unprecedented broad-based approach has contributed in no small measure to arresting the spread of HIV.

We are doing our part in the Caribbean region. As Prime Minister Denzil Douglas of Saint Kitts and Nevis, speaking on behalf of the States members of the Caribbean Community (CARICOM), said yesterday, CARICOM and the Pan-Caribbean Partnership against HIV and AIDS have always played a very active role in the global process to combat HIV, as the region has the highest prevalence of infections after sub-Saharan Africa. He made it clear, citing the Nassau Declaration, that "the health of the region was the wealth of the region" (*A/65/PV.91*), and that our region held out the hope of being among the first groups of countries to achieve universal access to treatment. The Joint United Nations Programme on HIV/AIDS scorecard on universal access in 2010 demonstrated that much progress had been made in the region, with a stabilization of the prevalence rate and a decline in new infections. Still, an estimated 17,000 persons in the Caribbean region became infected with HIV in 2009. Clearly, then, the battle is far from over.

For many countries of the region, there is an emphasis on securing long-term and sustainable financing so as to avoid a reversal of the marginal gains made over the past decade. I therefore call on the international community to work with the countries of the region to scale up universal access to treatment, to halt the tragedy of high-cost treatments and to promote innovation and technology transfer and country ownership through new values and shared responsibility.

In my own country, Antigua and Barbuda, a great deal has been achieved, but much more needs to be done. We have made the necessary investments to strengthen our health-care systems, but need to make available simple and inexpensive diagnostics and medication to those most affected. Currently, we have achieved zero mother-to-child transmissions, increased our education in schools on condom use, and provided employment opportunities for persons living with HIV/AIDS.

Let me conclude by joining others in commending the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive of the Joint United Nations Programme on HIV/AIDS Global Task Team. Let me also reiterate that Antigua and Barbuda and the rest of the Caribbean have also identified a set of specific deliverables for our region by 2015, including the elimination of mother-to-child transmission; the elimination of travel restrictions for people living with HIV; an 80 per cent increase in access to treatment; a 50 per cent reduction in infections; and the acceleration of the agenda to address prevention, care and treatment.

Those are all in keeping with the vaunted Millennium Development Goals, for which the 2015 deadline should serve to prod us into immediate and far-reaching actions. I therefore endorse the call made to actors in the global partnership to work collectively to achieve the targets that we have all pledged to support in the interest of humanity, those living with the disease and those yet to be born.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Yutaka Banno, State Secretary for Foreign Affairs of Japan.

Mr. Banno (Japan): (*spoke in Japanese; English text provided by the delegation*): On behalf of the Japanese delegation, I would like to inform the General Assembly about the measures we have taken against HIV/AIDS and about our experiences in that regard, as well as to refer to Japan's commitment to addressing it in the future.

When AIDS was first reported in 1981, people came to fear this new infectious disease as unknown and incurable. At that time, people's knowledge and understanding of HIV/AIDS was so lacking that we could not fully prevent new infections, while patients with HIV/AIDS and their families suffered prejudice and discrimination.

I would like to reiterate the importance of universal access in addressing HIV/AIDS on the basis of "know your epidemic, know your response" methods, as described in the Secretary-General's report (A/65/797). As a result of unremitting efforts by scientists following the first reported case of AIDS, it became possible to identify the virus responsible for the disease. Progress in the research and development of HIV/AIDS medicines today is remarkable. In medical terms, AIDS has now become a treatable condition.

We now face the challenges of preventing mother-to-child transmission, managing HIV/tuberculosis co-infection and eliminating prejudice and discrimination. To confront them, it is important to promote public understanding of HIV/AIDS, literally making it into a disease known to everyone.

In order to promote efforts against HIV/AIDS, it is necessary to implement comprehensive measures to strengthen health systems, and not only specialized programmes for HIV/AIDS, as the foundation of health management. For example, it has been proven effective to introduce HIV/AIDS prevention programmes into general health services, including counselling and voluntary HIV testing during ordinary prenatal check-ups. It is also necessary to develop testing and counselling systems for other diseases, as HIV-infected patients often suffer complications as a result of co-infection with other non-communicable diseases.

Under Japan's national health programme, we have established effective health and medical systems by putting in place health facilities nationwide and by developing human resources in the health sector, including doctors, nurses and pharmacists. Moreover, Japan has put in place universal medical insurance to enable everyone to have access to adequate services. Such efforts have helped achieve a less than 1 per cent incidence of mother-to-child transmission of HIV/AIDS.

Japan will share its experiences with the international community. We will also continue to support other Member States as they address HIV/AIDS. At last September's High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, Prime Minister Kan announced, as a promise to the next generation, that Japan would provide assistance in the amount of $5 billion over five years beginning in 2011 as a contribution to the achievement of health-related Goals, particularly in areas where progress had been slow (A/65/PV.9). In addition, at the third voluntary replenishment conference of the Global Fund, which was held two weeks after the High-level Plenary Meeting, I announced that, from 2011, the Government of Japan would make contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria in the amount of $800 million in the coming years.

Japan has actively supported the efforts of developing countries bilaterally and multilaterally. On the other hand, we have also received a great deal of support and very heartfelt messages from all over the world with regard to people in areas affected by last March's unprecedented disaster, namely, the great East Japan earthquake. Having experienced that disaster, we continue to believe that support is never a one-way flow from developed countries to developing countries. Instead, support entails interactive actions among the members of the international community aimed at helping those experiencing hardship in the modern world by sharing knowledge and resources. Such a

desire gives rise to our hope that everyone will be provided support.

On behalf of the people of Japan, I would like to express our deepest gratitude for the support of Member States and international organizations. I must say that, with that kind support, the people of Japan are resolutely moving forward in rehabilitating disaster-affected regions. We are transparently pursuing reconstruction in various areas, in collaboration with the international community and on a symbiotic basis. I hereby reaffirm that Japan will fulfil its commitments to the international community.

We know that the international community shares our desire for a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths. Deepening our understanding of HIV/AIDS must be the first step in achieving such a world for everyone — irrespective of whether or not one is a professional person, as well as for pregnant women and their partners alike and regardless of one's HIV status. I hope that this United Nations High-level Meeting on HIV/AIDS provides everyone in the world with a good opportunity to do so.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Adam Fronczak, Under-Secretary of State in the Ministry of Health of Poland.

Mr. Fronczak (Poland): On behalf of the Government of the Republic of Poland, I would like to thank the President for organizing this unique global Meeting at United Nations Headquarters. It is an honour for me to share the Polish experience with everyone here, where the world has come together to review progress and plan the future course of the global AIDS response. I am proud that Poland has been given this great opportunity to provide its input to a new draft declaration that I am certain will help the world fulfil the ambitious commitment of zero new HIV infections, zero discrimination and zero AIDS-related deaths in the coming years.

Allow me to present the HIV and AIDS situation in Poland as it is today, three decades into the AIDS pandemic, 10 years after the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and five years after the adoption of the Political Declaration on HIV/AIDS (resolution 60/262). It must be emphasized that, thanks to international collaboration, enhanced coordination and the intensification of efforts at the national level, despite financial restrictions, Poland has continued to move forward in coping with HIV-related issues.

I would like to recall that my country has always been very active in international forums, and that it was one of the founders of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board, its governing body. I am extremely proud to say that Poland was elected Vice-Chair for 2011. One of our goals is to draw the attention of UNAIDS and Member States to the need to strengthen activities in Eastern Europe and Central Asia. Any project to reduce the rapid spread of HIV in those regions will have a positive impact on the HIV/AIDS situation in the entire world.

Due to the fact that we face constantly changing epidemiological trends, our efforts to maintain effective, equitable and sustainable HIV responses must be based on a stable and coherent country strategy that is free of political influences. The Polish policy has been developed according to the Three Ones principles. That is why we have in place a single document — our National Programme for Combating AIDS and Preventing HIV Infections — to serve as the most important instrument in combating and preventing HIV/AIDS. In addition, our national AIDS centre, which is under the Ministry of Health, is responsible for coordinating the activities set out in the National Programme.

To be more effective and to meet international standards in responding to the complex social, health and development challenges inherent in HIV, the Polish multisectoral response includes Government ministries, civil society, people living with and affected by HIV, international partners and the private sector. International standards for universal access to HIV prevention, treatment, care and support significantly contributed to the Polish success in reaching and maintaining a stable epidemiological situation.

Thanks to the implementation of regulations recommending voluntary and free HIV testing for every pregnant woman and guaranteeing ongoing implementation of antiretroviral prevention efforts in eligible cases, vertical infection in Poland decreased from 23 per cent prior to 1989 to less than 1 per cent today. By almost eliminating the vertical transmission of HIV, we are close to achieving one of the goals set out in the Declaration of Commitment. As a result of

providing full access to antiretroviral drugs following exposure to HIV, no case of such an infection has ever been registered in Poland.

Our network of voluntary counselling and testing centres, which operate according to international standards, guarantees that Poles may take an HIV test anonymously and free of charge and, at the same time, may receive professional client-oriented counselling. Thanks to the sustained development of voluntary counselling and testing centres, I am sure that Poland will achieve the goal of reducing the rate of undiagnosed HIV infections.

It must be underscored that the successful implementation of many prevention programmes would not have been possible without close and fruitful cooperation between the Government, non-governmental organizations and people living with HIV and AIDS.

We are most proud of our success in meeting the global commitment of providing universal access to antiretroviral drugs for people living with HIV/AIDS. Within the framework of the health priority programme of the Ministry of Health, antiretroviral therapy has been provided since 2001 to every patient who meets the medical criteria. Thanks to that strategy, Poland has achieved a significant decrease in the number of AIDS cases. Patients with HIV live longer and enjoy higher quality of life, which enables them to re-establish their social and family roles.

Nevertheless, my country, like any other, has to face challenges. One of those entails the struggle to ensure continuity in universal access to HIV prevention, treatment, care and support at a time of global crisis; while another involves adopting appropriate prevention measures to respond effectively to rapidly changing epidemiological trends.

Our efforts are always focused on protecting human rights and combating stigma and discrimination. To that end, we endeavour to ensure the participation of civil society, including people living with HIV/AIDS, non-governmental organizations and representatives of key populations — such as men who have sex with men, injecting drug users and young people — as well as human and patient rights organizations.

I am convinced that all of us gathered at the High-level Meeting on AIDS will continue to put all our efforts into achieving the goals set out in the new draft political declaration (A/65/L.77) to be adopted by the Assembly. Through global solidarity and partnership, we will succeed in achieving universal access to HIV prevention, treatment, care and support. Poland stands ready to cooperate in meeting this global challenge.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Karin Johansson, State Secretary to the Minister for Health and Social Affairs of Sweden.

Ms. Johansson (Sweden): The excellent report of the Secretary-General (A/65/797) clearly shows that we have the knowledge and the tools to halt and reverse the HIV epidemic. It is important that we make use of the recommendations it contains, in order to reach zero new HIV infections, zero discrimination and zero AIDS-related deaths.

I believe that for the decade ahead of us, focusing on young people is the most strategic choice that we can make. Young people make up half of the world's population, yet their needs are neglected in reality. Investing in the future generation is not only close to my heart — being a mother of two — but a top priority for the Swedish Government.

I should like to use the time allotted to me to focus on three areas of importance: first, the need for evidence-based prevention; secondly, the involvement of young people; and thirdly, human rights and gender equality. Let me start with prevention.

Evidence-based prevention is the only way to reach the goal of zero new infections. Young people should have access to comprehensive sexuality education in order to make informed choices. Education should target people from an early age and be inclusive of all youth, regardless of sexuality. For the youngest, it is about getting to know how the body works and understanding the concept of physical integrity. For older youth, empowerment is key, as well as making them comfortable with raising the issue of using a condom in an intimate situation with a partner. Equally important is access to sexual and reproductive health services. These must be non-discriminatory and take the needs of all youth into account, regardless of gender identity or sexual orientation. They should also incorporate the link between alcohol consumption and high-risk sex. In addition, female and male condoms must be accessible and continuously promoted, as

consistent condom use is the most effective prevention method.

Secondly, I believe that we must involve young people in the development of sexual and reproductive health services and information. There is no better way to empower and enable them to protect themselves and others. Young people, including those living with HIV, are already actors for change in their local communities, nationally and in the global arena. New ways to involve young people should be explored, such as better use of social media.

Thirdly, human rights, of which sexual and reproductive rights are an integral part, are a prerequisite for HIV prevention and treatment. Everyone shares the same human rights, regardless of age, sex, HIV status, sexual orientation, gender identity, ethnicity or disability. Criminalizing homosexuality is a violation of human rights, as are laws that discriminate against people living with HIV. Whenever human rights are not respected and protected or are violated, for instance through discriminatory laws and practices, stigma increases, thus undermining prevention and care efforts.

We need to end the discrimination and stigmatization of people living with HIV, men who have sex with men, injecting drug users and sex workers, as well as lesbians, gays, bisexuals and transgender people. Gender inequality is a key driver in the spread of the epidemic. This is unfortunately still not recognized by everyone. It is crucial to address gender inequalities in national HIV and AIDS policies and programmes, as well as in monitoring and evaluation systems. But gender inequalities also need to be addressed in society at large — in the legal system, schools and at the workplace. This means not only focusing on women and girls but also involving men, especially young men, to challenge and change gender norms and behaviours that put both themselves and women at risk.

Governments have a responsibility to take the leadership role in fulfilling the commitments to reach the goals. I want to emphasize this, as Governments will be held accountable. But schools, local communities, civil society, research institutions and the private sector are fundamental to progress and success. In all countries, civil society organizations are indispensable in responding to the HIV epidemic, as service providers, watchdogs and advocates. The role of school and the workplace in shaping attitudes, norms and cultures, of course cannot be underestimated.

Let me conclude by assuring the Assembly of Sweden's strong support to the global response to HIV and AIDS. Sweden is, and will remain, a strong partner. I should also like to say that Sweden associates itself with the statement to be delivered on behalf of the European Union.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Mohsen Ali Faris El-Hazmi, member of the Consultative Council of Saudi Arabia.

Mr. El-Hazmi (Saudi Arabia) (*spoke in Arabic*): At the outset, I would like to thank the Secretary-General for extending an invitation to the Government of the Custodian of the Two Holy Mosques to participate in this High-level Meeting aimed at taking stock of the progress made in combating HIV/AIDS. Responding to the epidemic has become all the more urgent in order to eliminate the harmful effects of HIV/AIDS on health, development and economic growth, in addition to its social repercussions on individuals, families and society in general. In that regard, the 2011-2015 strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS) aimed at preventing zero new infections and the 2012-2017 strategy of the Inter-Parliamentary Union to strengthen parliaments and democracy constitute a road map that we all hope to see implemented in order to meet the expected goals.

We believe that prevention is the cornerstone of our response to the HIV/AIDS epidemic. HIV-infected individuals must be provided with protection, care, support and rehabilitation services. In addition, their social reintegration pursuant, to our moral and ethical traditions and customs, must be ensured at the domestic, regional and international levels. This also requires comprehensive and sustained global efforts based on compassion, empathy and respect for human dignity.

The problems posed by the HIV/AIDS pandemic are limited in the Kingdom of Saudi Arabia, where there is a low prevalence of infection. However, HIV prevalence among the foreign worker population is three times higher than among the Saudi Arabian citizens. The Kingdom of Saudi Arabia has therefore developed and implemented a comprehensive strategy

that includes the participation of relevant governmental and non-governmental entities and charitable organizations. Prevention, treatment and protection programmes and mechanisms have been established to address the pandemic, its causes and its harmful effects. For example, we have strengthened prevention efforts while ensuring the safety and security of individuals and their families by launching education and awareness-raising campaigns and conducting health and medical surveys and research in order to encourage responsible conduct, in particular among those groups that are most vulnerable. We have also carried out premarital and prenatal screenings, health examinations and screening of pregnant women and orientation programmes, with great importance attached to the moral component in these undertakings.

Education programmes in the Kingdom have enlisted eminent religious leaders to help raise awareness and strengthen protection efforts, based on Islamic Sharia, in particular through circumcision, abstinence and prohibiting sexual relations outside of marriage. Counselling and voluntary testing centres have also been established, with laws having been put in place to guarantee the privacy of infected persons. We are combating stigmatization and discrimination by implementing follow-up and monitoring programmes for the pandemic. We have also stopped importing blood from abroad and are testing blood donors. We have also set up treatment centres for our citizens and foreign nationals alike and are supporting research efforts. This year, Saudi Arabia and the countries of the Gulf adopted the Riyadh declaration, which aims at preventing the pandemic's spread and at providing full services in the areas of awareness-raising, testing and treatment. We are coordinating efforts among our Ministries of Health and Social Affairs to work with UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In the Arab region, our country is working with the international community to help build capacity and ensure complementarity in this area. We have also made donations to the Global Fund. Furthermore, our Consultative Council is also involved in these efforts through the Inter-Parliamentary Union's Advisory Group on HIV/AIDS.

In conclusion, the Kingdom of Saudi Arabia respects the commitments it has made with regard to joint international efforts. We welcome all the positive efforts that have been undertaken to protect the health and uphold the dignity of individuals, families and societies worldwide. We wish participants at this meeting every success.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. David Lozada, Vice-Minister of Health of the Philippines.

Mr. Lozada (Philippines): At a time when the global community is expected to boldly implement revolutionary strategies for an AIDS-free world, the Philippines, along with six other countries, faces challenges similar to those that existed during the early years of the epidemic, when countries with high rates of HIV infection struggled to minimize the impact of an epidemic that was growing rapidly. In contrast, at least 33 other countries were able to reduce their HIV incidence by 25 per cent between 2001 and 2009. Such efforts to reduce the burden of HIV are generally considered to have been effective in achieving the targeted outcomes. This is important, since the experience accumulated in reversing these trends over the past 30 years must now be shared with similarly affected countries that are struggling with resources inadequate to ensure and sustain universal access and eliminate discrimination. Such an approach, based on a best-practices model, would be helpful and practical, while allowing for individual variation and selection in dealing with the epidemic.

However, since HIV/AIDS is a chronic illness with acute life-threatening complications in its latter stages, no country, even one with a zero strategy and notwithstanding the gains achieved through universal access, is exempt from having to cope with a significant number of people living with HIV and AIDS. The factors influencing the evolution of the HIV epidemic remain complex, since they are also connected to other development issues, such as poverty and sustainable development. It is precisely an understanding of the drivers of the epidemic that can produce answers on how to confront it effectively, and not in a manner that borders on trial and error. While treatment for prevention has been a game-changer, to say the least, it can result in a dangerous abandonment of other basic means of prevention and control in key affected segments of the population — those other than heterosexual non-promiscuous couples — and in ignoring ongoing issues by relying on antiretroviral treatment. It is therefore paramount that a zero strategy be sound and realistic and based on the evolving epidemiology of the disease, the emergence of new

technologies aimed at halting its spread and nations' and organizations' collective efforts to end it.

Finally, the promises contained in the Declaration should be taken seriously. Nations and organizations must remain accountable. There should be continuing feedback so that decisions may be changed and existing assumptions even dismissed if that will help get things done better and sooner. Let us not prevaricate as the modern plague virus continues to mutate, perhaps more easily than we can imagine. Thirty years is enough to certify the existence of HIV. We must all remain united as never before.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Mrs. Callista Mutharika, First Lady of Malawi.

Mrs. Mutharika (Malawi): I would like to congratulate the President, the Secretary-General and the Executive Director of the Joint United Nations Programme on HIV/AIDS on convening this High-level Meeting and adopting the various resolutions that relate to HIV and AIDS.

I have entitled my speech "Sustaining the National HIV and AIDS Response" because it is time to applaud our successes and resolutely commit to eliminating new infections. I am happy to report that Malawi is winning the HIV and AIDS battle, as evidenced by the decline in new HIV infections from 110,000 to 70,000. HIV and AIDS has been included in Malawi's growth and development strategy and translated into a national HIV and AIDS policy and national action framework. This success has also been due to the enormous political will, commitment, championing and leadership displayed by His Excellency Dr. Bingu Wa Mutharika, President of the Republic of Malawi, who is the Minister responsible for nutrition, HIV and AIDS. In line with this, I am the Coordinator of Safe Motherhood, Nutrition and HIV and AIDS, including prevention of mother-to-child transmission. My appointment has facilitated the links between the services, including the launching of the Callista Mutharika Safe Motherhood Foundation. I am advocating aggressively for zero vertical transmission of HIV and promoting the feeding of infants and young children. I have also signed a call to action for scaling up nutrition and the One Thousand Days Movement, aimed at reducing stunting.

A secretariat in the Office of the President and Cabinet, headed by a principal secretary, has been established to spearhead the drafting of the HIV and AIDS policy, provide strategic direction, guidance, oversight, high-level advocacy, monitoring and evaluation, and to facilitate the establishment of implementation structures in 10 key ministries.

We have allocated 2 per cent of our other recurrent transaction budget, amounting to $41.2 million to combating HIV/AIDS. We are also developing and adopting 86 workplace policy strategies in all three sectors of the economy, that is, the public, private and civil society. We have also successfully integrated nutrition into our antiretroviral programme.

The $300 million that Malawi has raised over recent years has contributed to the following successes and outcomes. New HIV infections have declined from 110,000 to 70,000. HIV prevalence has declined to 10 per cent from 16 per cent. Of clients ever started on antiretroviral treatment, 80 per cent are still alive and continuing with treatment. Of clients in need of antiretroviral treatment, 63 per cent have been reached. Of HIV/tuberculosis co-infection clients on antiretroviral treatment, 87 per cent are cured.

New HIV infections have declined by 25 per cent in young people, and Malawi is one of the nine countries, globally, that has achieved this. Abstinence has increased from 39 to 48 per cent in young people. Condom use has increased from 47 to 60 per cent among males and 30 to 40 per cent among females. Stigma and discrimination have declined, and there is greater involvement of people living with HIV in the national response.

HIV testing sites have increased from 146 to 735, and over 5 million Malawians have been tested and know their serostatus. Antiretroviral treatment sites have increased from 9 to 426 and also offer post-exposure services, and over 350,000 people are now on antiretroviral treatment. Mortality due to AIDS has been reduced from 11 per cent to 5 per cent.

The vertical transmission of HIV from mother to child has declined from 23.1 per cent to 12.8 per cent, and under research conditions it has gone down to 1.5 per cent. Early infant diagnosis is offered in 192 facilities, and 41 per cent of exposed children received antiretroviral prophylaxis. One hundred per cent of new HIV-positive pregnant women attending prenatal clinics receive a complete dose of antiretroviral prophylaxis.

Health systems are being strengthened, with 2,800 health workers and 5,300 frontline health workers trained and retained. Infrastructure, such as laboratories, has been constructed and renovated, while CD4-count machines and molecular biology equipment have been procured.

Over 4.5 million young people have received life skills education. More than 35,000 households with orphans and vulnerable children received social support. Over 240,000 have benefited from direct cash transfers, 150,000 from agriculture input subsidies, 100,000 from loans under the Malawi Rural Development Fund and 500,000 from nutrition support.

The successes are not without challenges, key among them being inadequate financial, human and material resources; inadequate capacity to track and follow up clients on antiretroviral treatment to ensure adherence; and low community and male participation in the national response.

To address the challenges, the Government has reviewed and finalized the new HIV and AIDS policy while the development of a new HIV and AIDS strategy and its resource mobilization strategy is under way. The Government has advanced its efforts towards local production of antiretroviral medicine and other pharmaceutical products and has continued to implement the health system's human resource capacity-strengthening strategy.

Malawi's HIV and AIDS response is mature and calls for sustainable programming. The Government of Malawi remains committed to championing the national response within a holistic approach and is appealing to the global community and to bilateral, multilateral and civil society partners to ensure that adequate resources are allocated to HIV and AIDS programmes in order to achieve the three zeros.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Luis Estruch Rancaño, Deputy Minister of Health of Cuba.

Mr. Estruch Rancaño (Cuba) (*spoke in Spanish*): The HIV/AIDS epidemic, having infected 60 million people globally, remains a challenge to the world. No country has escaped the effects of the pandemic.

Cuba, as a full Member of the United Nations, participated in 2001 in the negotiation and adoption of the Political Declaration on HIV/AIDS (resolution 60/262, annex). We have solemnly complied with the duties and rights involved in dealing with this epidemic, which for 30 years has brought about pain, death and other consequences. It has resulted in over 25 million deaths, countless orphans and affected homes. We still have not found a vaccine or the medicines necessary for a complete cure.

In 53 years of internationalist solidarity, more than 150,000 Cuban health-care workers have contributed to relieving pain, saving lives and collaborating in the peaceful development of health-care systems in fraternal nations. To some degree they are conducting actions having to do with preventing and addressing AIDS, tuberculosis and malaria. We are now present in 108 countries, and we are training over 20,000 doctors from some 40 countries.

In 2004, the World Health Organization recognized the results achieved by Cuba, along with five other countries, in tuberculosis control. Today, although malaria is not endemic to our country, we continue to work on decreasing its prevalence rate.

Our results in reducing infant mortality to 4.5 per 1,000 live births show, along with the eradication of 28 communicable diseases, the accomplishments of an accessible, free and effective health-care system. We can say that mother-to-child transmission of HIV and congenital syphilis has been eliminated, and blood-borne transmission of the virus has been controlled. The estimated HIV prevalence among those aged 15 to 49 years, pregnant women and people with sexually transmitted diseases is low.

The treatment programme initiated in 2001 has had an impact on AIDS incidence and mortality and has improved the quality of life of those affected. Over 90 per cent of those who initiated treatment in 2001 are alive today in our country.

Civil society has been a driving force, giving rise to dynamic activism. The active participation of youngsters, women, men who have sex with men, people with HIV and community leaders has linked health-care centres, scientific institutions, the social sector and community organizations, forming an irreplaceable source of support for our country's programme on prevention and control.

The proportion of the population using condoms, in particular youth, has increased. Our country has developed a high-cost comprehensive health-care

programme together with international agencies and the Global Fund, action that we recognize and appreciate.

This epidemic has taught us to seek ways to reduce costs, improve efficiency and develop Cuban technological and biological products to ensure that more than 2 million HIV tests are conducted annually and that the treatment of all Cubans is guaranteed.

In the 10 years since the introduction of this topic through the 2001 special session, the world has undergone rapid changes. We live in a very unequal world. The poor continue to be those most affected, as the insidious effects of food insecurity and economic contraction spread and conflicts and natural disasters devastate many parts of the planet.

The achievements made, although promising, are insufficient and in danger. Stigma, discrimination and gender inequality are hindering efforts to achieve universal access to HIV prevention, treatment, care and support.

Additionally, the unacceptable rise in costs and the global economic crisis continue to prevent the achievements of recent years from being sustainable in most middle- and low-income countries.

Cuba, subjected as it is to an unjust economic, commercial and financial blockade by the United States of America, with its unfortunate consequences for the health of our people, and despite having limited access to medications and technology produced in the first world, has fulfilled its commitment to ensuring universal access to HIV care and treatment. This achievement was recognized in the World Health Organization's Progress Report 2010, which notes that eight low- and middle-income countries, including Cuba, had already fulfilled that commitment. Our health-care system guarantees access by the entire population to its services, ensuring that they reach all areas of the country.

The global response to the epidemic has mobilized Governments, the scientific community, the affected population groups, social sectors, community activists and religious leaders, and has highlighted the crucial need to find a solution to social inequities and injustice and to strengthen health-care systems.

Extreme poverty and hunger must be eradicated; gender equality and the empowerment of women must be promoted; and the right to education and health care for all people, without distinction, must be ensured.

Thirty years after the emergence of AIDS, 10 years after the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and with only four years remaining to reach the Millennium Development Goals, we must make a renewed political commitment and expedite global, regional and national action aimed at slowing and minimizing the spread of the virus. This is our responsibility, and we commit ourselves to that goal as we did 10 years ago.

Unity within and among countries, a rational integration of efforts targeted at the true locus of the epidemic, effective action and international solidarity and cooperation, without which progress will be impossible, are the only means of finding sustainable solutions and facing the common challenges posed by a globalized, unequal and exclusionary world, which threaten us all.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Mohammad Hossein Niknam, Acting Minister for Health of the Islamic Republic of Iran.

Mr. Niknam (Islamic Republic of Iran): At the outset, I would like to express my appreciation to the organizers of this High-level Meeting, particularly the President of the General Assembly and the Joint United Nations Programme on HIV/AIDS, for all their tireless efforts before and during the Meeting.

Almost three decades after the beginning of the global HIV response, and four years before the target date for achieving the Millennium Development Goals, the world still needs to identify and intensify the efforts required to realize universal access. Ensuring universal access requires increased and predictable funding in combination with an effective response to diverse and evolving epidemics based on each country's national context and circumstances. Therefore, the national health response to HIV/AIDS should be guided by a well-funded national strategic plan that prioritizes specific interventions and service delivery based on specific requirements and needs at the country level.

Strengthening the overall health infrastructure is a prerequisite for a successful and expandable response to HIV/AIDS. In the absence of a vast, functioning primary health-care network, the provision of

comprehensive and integrated services for controlling the progress of the HIV/AIDS epidemic would be very difficult.

Meantime, a successful HIV and AIDS response programme needs to fully take into account sociocultural circumstances and adopt culturally sensitive approach. In this regard, the role of the family in the reduction of risky behaviours, especially among young people, should be emphasized.

Responding to this epidemic, the Islamic Republic of Iran has developed a national strategic plan which addresses the specific needs of the target groups, namely the general population, at-risk and most-at-risk populations in the national context, and people living with and those affected by HIV/AIDS.

The main areas of the HIV/AIDS national strategic plan are age-appropriate information and education, voluntary counselling and testing, harm reduction, HIV and sexually transmitted infection care and treatment, and strengthened HIV-related applied studies.

The Ministry of Health and Medical Education, in close collaboration with all relevant stakeholders that are members of the national AIDS control task force, has developed and implemented comprehensive programmes to achieve the main goals of the strategic plan to ensure universal access to prevention, care, treatment and support.

Establishing voluntary counselling and testing centres and drop-in centres; putting together outreach teams and methadone maintenance therapy programmes; launching peer group education schemes, hotline services, home-care programmes, family education programmes to prevent high-risk behaviours among young people, prevention programmes in workplaces and training of trainers courses; and establishing counselling and harm reduction centres for vulnerable women are among the key measures taken in line with the national plan to contain the spread of HIV/AIDS.

All these facilities provide their services confidentially and free of charge. In addition, all people living with HIV/AIDS and their families enjoy free health insurance coverage. As a result, a decrease in the number of new cases has been registered, which in turn has contributed to HIV prevalence among the general population remaining at around 0.1 per cent.

Based on the existing evidence on the expected change in the pattern of transmission from injecting drug use, the Government has developed specific HIV-preventive programmes for vulnerable women. Today, more than 15 harm-reduction centres for vulnerable women are providing services throughout the country. By the end of 2011, the number of such centres is expected to be scaled up to 25.

Although indications are that the majority of women living with HIV in Iran are the spouses of injecting drug users, these centres address the special needs of all HIV-vulnerable women, including female drug users and women engaging in high-risk behaviours. Such centres, which provide care and services solely to women, have created a safe haven for them where information, education, HIV counselling and testing, harm reduction, care and support can be provided without fear of stigma and discrimination.

In conclusion, I would like to reiterate that the Government of the Islamic Republic of Iran remains committed to the global efforts to work towards the elimination of a new generation of HIV cases and AIDS-related deaths.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Mrs. Veronika Skvortsova, Deputy Minister for Public Health and Social Development of the Russian Federation.

Mrs. Skvortsova (Russian Federation) (*spoke in Russian*): The Russian Federation is among those countries that have been, over the last 10 years, undertaking considerable efforts to combat HIV infection. We therefore welcome this High-level Meeting of the General Assembly on this important issue.

The Russian Federation's national legislation guarantees access by all citizens to free, large-scale HIV prevention programmes and testing, and access to free, high-quality medical care for HIV-infected people as well as the protection of their rights.

A comprehensive system of measures to combat HIV infection has been created and is being carried out under the leadership of the governmental commission that coordinates concerted action by federal bodies, the 83 constitutive entities of the Russian Federation and non-governmental organizations. These measures have made it possible to contain the HIV epidemic at the

concentrated phase. The percentage of HIV-infected people is currently 0.36 per cent.

After several years of the epidemic spiralling, the incidence of new HIV infections decreased for the first time in 2008, and stabilized in 2009 and 2010.

The main priority in combating HIV infection in the Russian Federation is developing a multisectoral programme for primary prevention and promoting healthy lifestyles aimed at motivating people to consciously give up risky behaviour patterns. As a result of the implementation of innovative prevention technologies that take into account the cognitive and psychological characteristics of different age and social groups, especially children and youth, over the past 10 years the percentage of young people among the total number of HIV-infected people has decreased by a factor of 11.2, down to 2.2 per cent, and the share of HIV-infected children by a factor of 48, down to 0.1 per cent.

Of particular importance are measures to prevent HIV infection among high-risk groups, including those engaging in risky behaviours. To motivate these groups to accept voluntary HIV testing and to provide them with support, we are actively cooperating with civil society and non-governmental and religious organizations.

The annual provision of voluntary HIV testing to the population, in particular high-risk groups, covers 22 to 25 million people, that is, 15 to 17 per cent of the total population of the Russian Federation. This makes it possible to ensure not only the credibility of data on HIV prevalence but also the early detection of HIV infection. In 2010, for instance, 70 per cent of those who tested HIV-positive for the first time were diagnosed at very early stages of the disease, six to seven years before they would require medication. There has been a threefold increase in the number of people who have annual check-ups.

The Russian Federation places special emphasis on measures to prevent mother-to-child HIV transmission. In 2010, more than 93 per cent of pregnant HIV-positive women were covered by these measures, which represents a 35 per cent increase in five years. As a result, the number of infected newborns decreased by a factor of more than two, and more than 50,000 healthy children were born to HIV-positive mothers.

In order to provide medical assistance to HIV-infected people, a specialized service has been created in the Russian Federation that consists of approximately 100 prevention and treatment centres and 2,000 diagnostic laboratories.

The Russian Government provides free antiretroviral drugs to all who need them. Over the last five years, federal budget allocations for universal access have increased sixfold, to more than 40 billion rubles, or over $1.3 billion.

It is important to point out that the effectiveness of medical and social assistance enabled 73 per cent of children who were infected with HIV in the 1990s to lead a normal life, to enter universities and colleges and to start families and have healthy children.

Since 2006, our country has been a donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria and is now increasing its support to it. During that period, the Russian contribution to the Global Fund totalled $317 million.

In conclusion, I would like to express satisfaction with the collective work on the draft declaration and to state that, generally, we support it. The use of Russian Federation's accumulated experience could improve the effectiveness of integrated international measures to eliminate HIV infection. We are ready to share our positive results and developments.

The Acting President (*spoke in Spanish*): I now give the floor to Her Excellency Ms. Zarela Solis, Deputy Minister of Health of Peru.

Ms. Solis (Peru) (*spoke in Spanish*): Between 1983 and November 2010, 42,614 HIV cases and 27,056 AIDS cases were reported in Peru. The HIV/AIDS situation in my country, according to the parameters of the Joint United Nations Programme on HIV/AIDS, remains at the concentrated epidemic level, with sexual transmission as the most frequent method of transmission, representing about 97 per cent of all cases. According to the 2008 sentinel surveillance studies, the prevalence of HIV among men who have sex with men is 13 per cent.

It is worth noting, however, that, according to studies carried out in Peru's capital, the prevalence of HIV infection in the transgender population has reached approximately 30 per cent, which reflects the varying levels of vulnerability in different segments of the population. In targeting those segments, the country

is observing standards of fairness and effectiveness. The ratio of prevalence in men versus women is 3 to 1, and, with respect to the age of onset, 41 per cent of cases are reported in people from 25 to 34 years of age, which leads us to estimate that the age at which the infection was acquired would be during the teenage years or in early adulthood. For this reason, Peru has intensified the development of policies and comprehensive sex education programmes. On the other hand, it is noteworthy that the percentage of pregnant women with HIV in Peru is 0.23 per cent.

In Peru, clear improvements have been made in the field of health in terms of HIV prevention and care of persons living with HIV. In 2004, our country undertook a commitment to provide large-scale comprehensive care and free treatment, and it has done so for approximately 16,000 people to date. Treatment compliance has remained between 83 and 85 per cent, while the survival rate for people who recover their immune response after one year of therapy is 90 per cent. Moreover, according to reports by the General Directorate of Epidemiology, in the past six years new HIV/AIDS infections and related deaths have declined, reflecting the impact of efforts made by the State, by those affected and by civil society to improve the quality of life of those living with HIV.

Peru has also developed standards and policies aimed at preventing vertical transmission. Increased preventive care has resulted in tangible improvements, such that rapid HIV testing for pregnant women has expanded from 30 per cent in 2004 to more than 80 per cent today.

Along with the economic growth that Peru has experienced in recent years, our national policy of social investment has expanded our health care coverage, as a result of greater public health sector financing. In 2009 total spending on the prevention, care and treatment of HIV was 143 million nuevos soles, or $47 million.

The Universal Health Insurance Act provides legal support for the exercise of the right to health, based on a benefits plan that includes HIV diagnosis and treatment, and for implementation of a mechanism for the results-based allocation of resources, which as of this year is being implemented for tuberculosis and HIV/AIDS.

With regard to provisions that facilitate a multisectoral response, Peru has developed a significant and comprehensive set of standards for HIV prevention and health monitoring, as well as with regard to vulnerability, stigmatization and discrimination against affected individuals and vulnerable groups. Furthermore, standards have been developed and updated for comprehensive health care for persons living with HIV and for primary and secondary prevention for the general population and for more vulnerable groups.

Similarly, standards have been promulgated in various sectors in order to strengthen the capacity of public and private institutions to implement educational policies to ensure respect for fundamental rights, such as combating discrimination at work or facilitating equitable access to social assistance and public and private services, to mention some of the most important.

In the context of the country's political and social development and in accordance with our multisectoral strategic plan for 2007 to 2011 for the prevention and control of HIV and AIDS, the Government has promoted the decentralization of our health system. Regional and local governments, together with representatives of civil society and those affected in the area, have drawn up regional strategic plans and have allocated resources to help align local needs, capabilities and resources with our national policies and strategies, thus increasing the resources available and improving the efficiency and effectiveness of such efforts.

In the same vein, as we discuss our progress, we must also point out that we continue to face challenges, such as the need to redouble efforts to improve interaction between the Ministry of Health and other sectors. In that regard, the Ministry of Health is leading the coordination of other ministries with regional governments for joint action on HIV/AIDS and tuberculosis with regard to preparing the results-based budget for the next fiscal year. That will make it possible to coordinate our policies and actions and to identify resources, improving the effectiveness of our prevention and treatment policies for the people.

A second major challenge we face in proper planning and management is in improving the quality and efficiency of our HIV/AIDS information systems. That represents not merely technological improvement but, more importantly, standardization of conceptual frameworks, methodologies and processes for

information flow for analysis and action-oriented decision-making.

Finally, the new multisectoral national plan for 2012 to 2016 will reaffirm our national commitment to combating the HIV/AIDS epidemic and will reflect the health, social, political and economic analysis that allows us to consolidate advances and strengthen our HIV prevention policies among the adolescent population. It will also allow us to close the existing gaps in the prevention, early diagnosis and care of those affected in Peru so as to deal with the various factors involved.

At the international level, Peru will continue to support the efforts of UNAIDS and the Global Fund. We remain committed to the goal of achieving universal access to prevention, treatment, care and support by 2015, with a view to eliminating the global epidemic of HIV. For that reason, it is important that middle-income countries such as Peru have access to all the flexibilities set out in the of the World Trade Organization's Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights Agreement and Public Health, as well as to adequate levels of international cooperation.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Edgar Giménez Caballero, Vice-Minister of Public Health of the Republic of Paraguay.

Mr. Giménez Caballero (Paraguay) (*spoke in Spanish*): Allow me at the outset, on behalf of the delegation of Paraguay, to convey our greetings to the President and to congratulate him on presiding over this High-level Meeting.

Paraguay fully affirms its commitment to the Millennium Development Goals and to the Declaration of Commitment on HIV/AIDS, adopted in 2001 (resolution S-26/2). Respect for the human rights of all people, without discrimination of any kind, is an essential element in implementing the actions aimed at achieving those objectives.

Our response seeks to attain universal scope, giving priority to the most vulnerable communities. In the last decade we have improved access to information, prevention and care for those living with HIV. The progress we have made is based on the consolidation of our national response for the control of HIV/AIDS, on improvements in financing and on intersectoral coordination for a more effective national response.

The Ministry of Public Health is leading the national response in my country, following the strategic guidelines established at the global level and those of our national health policy. It has adopted the principles of universality, comprehensiveness, equity and social participation, with a focus on rights and non-discrimination.

We have incorporated a primary health care strategy. As well as working with professionals in hospitals, we are also working with family health units to provide care in their own communities. New care centres have been set up to diagnose and provide early treatment for persons living with HIV, and testing, based on individuals' informed consent, is now available for the entire population.

The country has adopted the strategy of peer education and has trained activists who have been able to establish prevention measures aimed at vulnerable groups in remote areas. With regard to the prevention of mother-to-child transmission, we have made progress in increasing the number of advisory and voluntary testing centres, thus increasing the number of pregnant women making use of this diagnostic and prophylactic care. A law has been in effect since 2009 that established rights and guarantees for people living with HIV.

Regarding financing, in the past two years the Ministry of Public Health has increased fivefold the budget allocated to purchasing antiretrovirals, medications for treating opportunistic infections, and diagnostic and follow-up tests. All of these are included in the national list of essential medications, which are free for the population.

In our experience, intersectoral coordination and participation among Government institutions and civil society organizations has also been a crucial factor in these achievements. A number of civil organizations are now involved in the national response in the area of prevention and in defending human rights and non-discrimination. The impact of these efforts is reflected in improved access for people living with HIV as well as in terms of diagnosis and treatment, which has in turn contributed to a better quality of life and the survival of such people and to reducing mother-to-child transmission.

While all this progress is significant, there are still wide gaps that must be bridged. Many individuals remain excluded as a result of social stigmatization and discrimination and of the deficiencies in our health-care system. We are therefore developing new strategies that will help us to strengthen the health system as a whole and introduce management tools aimed at better implementing the principal guidelines that we have set out. We are establishing an integrated health-services network that will provide individuals with the necessary care at every stage of their lives.

The challenges that our country faces are common to many countries of the region and the world. Strengthening a global partnership aimed at responding to the HIV/AIDS pandemic is more necessary than ever before. More research is required that will yield relevant information in the social, economic and biomedical areas, as are coordinated policies that will have a significant impact in the medium term.

However, a great deal remains to be done in terms of combating HIV/AIDS and addressing the main issues that have emerged during this decade at the global level: the provision of primary health care, the development of human resources, addressing key social factors related to health, and funding for universal coverage. As crucial as that partnership is, regional integration is equally so in order to address issues including the price of antiretroviral drugs and other similar topics.

We are certain that together we will be able to overcome these challenges and achieve our goal.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Dagvadorj Ochirbat, Head of the Parliament's Standing Committee for Social Policy, Education, Culture and Science of Mongolia.

Mr. Ochirbat (Mongolia) (*spoke in Mongolian; English text provided by the delegation*): Allow me to begin by extending my most sincere greetings to all participants, who have come together here in New York to discuss a subject of vital importance, HIV/AIDS; review the progress achieved; define future goals; and address the status of commitments made by Governments. It is my honour to be here today, and I wish to convey the best wishes of the Parliament and Government of Mongolia for the success of this High-level Meeting.

I am pleased to note that by having endorsed the Declaration of Commitment on HIV/AIDS, adopted by the special session of the General Assembly in 2001, and the Political Declaration on HIV/AIDS, adopted by the Assembly at its High-level Meeting on HIV/AIDS in 2006, my Government has committed itself to developing and implementing its own country-specific policy aimed at achieving broad, multisectoral coverage for prevention, treatment, care and support, with the active participation of people living with HIV, towards the goal of universal access.

As a result of the strengthened political commitment and unceasing efforts of the Government, Mongolia has maintained its low HIV prevalence. However, the phrase "low prevalence" can result in a diversion of resources and diminished attention. I am deeply concerned at the fact that, despite the decline in global HIV incidence, the epidemic continues to accelerate in some low-prevalence countries, including Mongolia.

As such, Mongolia urges the international community to advocate and mobilize for increased investment for countries currently reporting low-level epidemics during this time of declining international funding for HIV. The global response must be dramatically reshaped to increase the effective use of resources, and the Government of Mongolia believes that the key to this is implementing the Paris Declaration on Aid Effectiveness, with special emphasis on avoiding activities that undermine national institution-building, utilizing national systems and procedures to the maximum extent possible, and minimizing overhead costs for HIV assistance.

Mongolia fully supports a global vision of a world with zero new infections, zero discrimination and zero AIDS-related deaths. It is my privilege to inform the Assembly that the Government of Mongolia has pledged to work towards zero vertical transmission of HIV and zero new infections as a result of blood transfusions.

We have committed ourselves to working to achieve the goals for 2015 put forward by the Secretary-General in his most recent report (A/65/797), and to the following undertakings, in addition to the commitments we made previously.

First, measures aimed at ensuring the full enjoyment of human rights and eliminating gender inequalities will be enforced through the amended Law

of Mongolia on Prevention of HIV/AIDS, which was initially enacted in 1994 and is currently being finalized for submission to the Parliament; secondly, the Government is currently in the process of eliminating HIV-related restrictions on entry, stay and residence; and thirdly, in the light of the positive economic growth observed in recent years and favourable future trends, my Government pledges to continuously increase financial resources within its national budget for activities related to HIV/AIDS prevention.

A week prior to this High-level Meeting, the Government of Mongolia, together with United Nations agencies and other stakeholders, organized the fifth national forum on HIV/AIDS. The forum played a crucial role in reviewing the current status of the national HIV/AIDS response and the progress made with respect to Millennium Development Goal 6, and featured discussions on a plan of action to accelerate development in this area.

Participants in the national forum expressed their support for the main goal of the Declaration to be adopted by this High-level Meeting on HIV/AIDS and have pledged to implement its objectives and to contribute to the global movement towards a world free of HIV.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Sergey Khachatryan, Deputy Minister of Health Care of Armenia.

Mr. Khachatryan (Armenia): The commitments undertaken by the Government of Armenia have radically changed the conceptual approaches taken towards HIV prevention since Armenia subscribed to the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

In that connection, Armenia has instituted a number of changes and programmes in the context of its approach to HIV/AIDS prevention and education. In 2010, a "healthy lifestyle" training course that includes an HIV education component was introduced in the curricula of secondary and senior schools and is taught as a separate subject. One of the main goals of the project is to promote knowledge about HIV among young people and to reach the ambitious target on HIV knowledge set out in the Declaration of Commitment.

In addition, risk- and harm-reduction programmes as well as behavioural change and information, education and communications strategies are being implemented among the populations most at risk and young people, which has resulted in a stabilization of the HIV epidemic among key vulnerable population groups through raising their awareness of HIV, making their behaviour safer and expanding their access to means of prevention and information.

The HIV epidemic in Armenia remains concentrated. It is worth mentioning, however, that Armenia is located in a region of the world where the HIV incidence rate tends to increase as a result of labour migration trends. The significant number of cases of HIV infection registered in Armenia is connected with the migration process. More than a half of our registered HIV cases are labour migrants who were infected through heterosexual contact outside Armenia. Host country migration restrictions related to HIV, limited access to health care services and to HIV information and HIV prevention measures directly influence Armenia's health sector.

Speaking of trends, it is also worth noting that beginning in 2006, the major mode of HIV transmission in Armenia has changed from injecting drug use to heterosexual transmission. This is associated with the overall trend of the HIV epidemic in Eastern Europe and Central Asia. An increased number of registered HIV cases has been observed in recent years in the country, which is associated with scaling up laboratory diagnostic capacities, increasing accessibility to HIV testing, and upgrading counselling, testing and referral systems. As a result, the number of HIV tests performed has increased and HIV detectability has improved significantly.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has been providing unique support to the National AIDS Programme since 2004. As a result, significant national capacity was built, strong national response was formed, and antiretroviral treatment and prevention of mother-to-child transmission became available for all those in need. Currently, all pregnant women diagnosed with HIV are provided with services to prevent mother-to-child HIV transmission. More than 95 per cent of pregnant women received HIV counselling and testing services. Further scaling up of those services will, hopefully, lead us to our common ultimate goal: the elimination of mother-to-child HIV transmission.

As we try to find the cure for this terrible disease, it is important that we make the lives of those who are infected as comfortable and humane as possible. We should work together to ensure the removal of overly restrictive legal and regulatory barriers that prevent access to controlled medications for all of those who need them, including for pain treatment.

By subscribing to the Millennium Declaration (resolution 55/2), Armenia committed itself to incorporating the Millennium Development Goals (MDGs) into its national long-term polices and plans and to introducing sustainable strategies and programmes that integrate economic growth and human development. Through broad consultations, Armenia has adopted the MDGs and developed a national MDG framework that incorporates national targets and indicators for 2015. The implementation of the National AIDS Programme will be a major contributing factor to achievement of the MDG goals in Armenia by that date.

We are hopeful that institutions such as the Global Fund, United Nations agencies and multilateral and other technical partners will continue to play an active role in supporting realization of the National AIDS Programme. Without their help it would be extremely difficult to achieve the MDG targets related to HIV in Armenia. Global solidarity will be the key if we are to succeed in our fight against the disease.

Lastly, I would like to express our confidence that this High-level Meeting on AIDS will establish the road map for achieving universal access to quality, affordable primary health care, holistic comprehensive care and support services for people living with and affected by HIV — including physical, spiritual, psycho-social, socio-economic, legal, nutritional and palliative care services.

The Acting President (*spoke in Spanish*): I now give the floor to Ms. Marina Kosacoff, Under-Secretary for Prevention and Risk Control of the Ministry of Health of Argentina.

Ms. Kosacoff (Argentina) (*spoke in Spanish*): Argentina is firmly committed to the promotion and protection of human rights, and for that reason we promote health as a right for all its citizens, one essential for development than must be guaranteed. We are willing to be a responsible State, one that leads the participation of all its actors in building a more just society. Thus we reaffirm all of our international commitments.

Our country has made significant progress in responding to the epidemic of HIV and AIDS in the context of the goals agreed to date. Today in Argentina about 130,000 people are living with HIV. Treatment is free, with 43,000 individuals under treatment, 70 per cent of whom receive medications directly from the Ministry of Health.

In recent years, the epidemiological curve of new infections has stabilized and mortality from AIDS has continued to decrease, with a drop of 15 per cent over the past five years.

Thirty years after the beginning of the epidemic and more than twenty since the appearance of the first antiretroviral drugs, in many countries of Latin America, the universal offer of treatment would be guaranteed, although that does not mean access to treatment is guaranteed.

Ensuring accessibility to health services involves developing strategies to reduce barriers, taking on a commitment to effective and specific prevention efforts and respect for human rights. Therefore, we have implemented an education programme that includes comprehensive prevention measures, including HIV and sexual and reproductive health services for all communities, including people living with HIV, women, children, young people, sex workers of both genders and their clients, people of transgender identity, homosexuals, men who have sex with men, people living in prison, drug users, indigenous communities and migrants.

In this sense, the law for egalitarian marriage between persons of the same sex — in which Argentina is a pioneer in the region — is a significant step towards recognition of these rights. This year, the Senate is also discussing a series of initiatives on gender identity laws which will consequently facilitate access to health care services by transvestite, transsexual and transgender populations; as well as other legislative proposals involving the use of drugs.

None of the above would have been possible without the joint work and efforts of civil society organizations, in particular of people with HIV, who have been motors and promoters of this response.

Much remains to be done. We must not linger on the accomplishments but face the path that lies ahead

for both Argentina and our brother nations of Latin America. We call for continued collaboration among countries, sharing experiences, working at our borders, assisting each other to ensure the continued provision of medication in each country, while jointly negotiating prices for the region. We urge the international donor agencies to turn their eyes to a continent that needs their help to achieve the targets set for 2015 in the framework of the Millennium Development Goals.

We are convinced that the actions we have been carrying out at the country, regional and global levels must continue in order to ensure universal access. We believe it is important that developing countries and least developed countries be able to make full use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). We also stress the importance of effective implementation of the Doha Declaration on the TRIPS Agreement and Public Health. We emphasize in particular the importance of its paragraph 4, by which the ministers agreed that the TRIPS Agreement does not and should not prevent members from taking measures to protect public health.

We deem it essential that international organizations competent in this field provide relevant technical assistance to developing and least developed countries. Also, we advocate effective implementation of the Global Strategy on Public Health, Innovation and Intellectual Property of the World Health Organization.

We call on the international organizations to continue contributing to achievements in the region. We, the countries of Latin America, need that assistance, and we have much to contribute.

The Acting President (*spoke in Spanish*): I now give the floor to Mrs. María Rubiales de Chamorro, Deputy Foreign Minister and Permanent Representative of Nicaragua.

Mrs. Rubiales de Chamorro (Nicaragua) (*spoke in Spanish*): The Government of Nicaragua, headed by its President, Commander Daniel Ortega Saavedra, is committed to protecting and promoting people's rights. Restoring the right to health care, including free access to services, is a priority of our Government, as is restoring other human rights set out in Nicaragua's Constitution that were denied to the Nicaraguan people during the past 16 years of neo-liberal governance. The social exclusion that resulted from the policies of those Governments undermined many aspects of the human development of Nicaraguan men and women. It also increased both poverty and extreme poverty, particularly in rural areas. That led to the further deterioration of living conditions and created conditions conducive to the development of modern world epidemics, such as HIV/AIDS.

With regard to the epidemiological status of HIV in Nicaragua, statistics for 2010 indicate that our country continues to experience a concentrated epidemic, that sexual contact continues to be the vector for transmitting the virus in 93 per cent of cases and that there has been an increase in the feminization of the epidemic. In that context, the Government of Reconciliation and National Unity is promoting a national response that that considers the fight against HIV as vital for human development. Our rights-based intersectorial response includes broad social participation that makes it possible to carry out HIV/AIDS awareness and prevention efforts, of which I shall refer only to the most important.

They include promoting healthy behaviours to prevent HIV/AIDS infection among adolescents, young people, women and key populations; efforts in the education sector to develop competencies among teaching personnel of the Ministry of Health; training communications professionals and university personnel to promote social communication; promoting human rights and addressing stigmatization and discrimination through a project that establishes a network of human rights promoters that includes the Prosecutor for Human Rights, the Nicaraguan Commission to Combat HIV/AIDS, associations of people suffering from HIV/AIDS and other institutions; strengthening capacities of networks of men who have sex with men and of lesbian, gay, bisexual and transgender populations and commercial sex workers by training them in order to expand community prevention and outreach efforts; and the promotion and distribution of condoms on a mass scale.

As a result of these actions, there was a six-fold increase in 2010 in the number of facilities providing treatment for people with HIV, including first- and second-level treatment. These facilities include multidisciplinary teams to ensure appropriate antiretroviral therapy and comprehensive management for persons with HIV/AIDS.

The strategy has combined training for health-care personnel — to enable them to implement guidelines and protocols on the care of adults, adolescents, children and pregnant women, as well as to address nutritional and psychosocial aspects of persons with HIV/AIDS — along with the dissemination of information among the general population, and especially among high-risk groups.

We have increased the testing of pregnant women. At this point, nearly 60 per cent of pregnant women have been tested and informed of the results.

With regard to evaluations, today people with HIV are assessed following virological, immunological and clinical criteria.

With regard to treatment, we have increased the number of persons in treatment by 3.6 times — from 335 in 2006, to 1,286 in 2010, with a high percentage of people remaining in therapy. In 2010, 334 persons required treatment for opportunistic infections and the Government responded with the necessary medication, supplying those to health-care centres at no cost.

The challenges of the years to come are to improve care for children who have been orphaned by AIDS and their families and to improve the overall quality of life of people with HIV. In addition to treatment, those persons must be reintegrated in the labour market and have access to housing, among other things. We must also improve our registry and information system. These challenges will be taken up within a framework guided by dedication, care, love, quality and dignity.

The Acting President (*spoke in Spanish*): I now give the floor to Mr. George Tsereteli, Deputy Chairman of the Parliament of Georgia.

Mr. Tsereteli (Georgia): Allow me to greet the General Assembly on behalf of the people and leadership of Georgia. I am honoured to address this High-level Meeting to highlight our achievements, analyze challenges and agree on future decisive steps to be taken in the global fight against the HIV epidemic.

Seven years ago, the new Georgian Government launched a programme of comprehensive reforms aimed at building a democratic modern society and State. Important reforms are under way in the fields of health care and social protection, which will greatly contribute to achieving the development goals on health set by the United Nations Millennium Declaration.

Although Georgia has not witnessed a wide-scale HIV epidemic, approximately 2,900 cases have been registered officially, while the estimated total number is about 4,000. The growth of the epidemic in our country has been relatively slow. Yet, the incidence of HIV infection exceeds the average rate in the European Union.

The Georgian Government is strongly committed to further accelerate the progress made in its national HIV/AIDS response. We are closely cooperating with the United Nations thematic group, the Global Fund and the United States Agency for International Development, and are grateful for their tremendous input towards creating an effective national AIDS-control service.

Since 2004, Georgia has been the only country in the region that ensures universal access to antiretroviral therapy. We are pleased to acknowledge that by expanding this free programme to the region of Abkhazia, we were able to provide life-saving treatment throughout the territory of the country within its internationally recognized borders.

We welcome the recent Security Council resolution 1983 (2011) on HIV prevention, treatment, care and support in conflict zones. We hope that the international community will act more decisively to ensure the provision of corresponding mechanisms in the two occupied regions of Georgia — Abkhazia and the Tskhinvali region/South Ossetia.

Since 2005, Georgia has also ensured universal access to services to prevent mother-to-child transmission, including HIV testing and counselling and prophylactic antiretroviral therapy. As a result, there have been no cases of mother-to-child transmission of HIV among persons enrolled in the programme.

Building productive partnerships with civil society and youth organizations, and especially with young people and people living with HIV, has been a critical factor in these achievements.

The country coordinating mechanism, chaired by the First Lady of Georgia, is the single national AIDS coordinating authority, which includes broad representation that ensures multisectoral coordination of the national response. It is noteworthy that

Mrs. Roelofs was recently appointed a World Health Organization (WHO) Goodwill Ambassador for the health-related Millennium Development Goals (MDGs).

Our national strategic plan of action has been in place since 2003. In 2009, the Georgian Parliament adopted the new law on HIV/AIDS, which endorses a rights-based approach to fighting the epidemic. However, along with these successes, our national AIDS response has met with challenges in sustaining progress due to financial constraints, which will only increase after the current Global Fund assistance is withdrawn.

Despite the heavy human, social and economic impact following the Russian invasion of 2008, the Georgian Government made every possible effort to sustain leadership and increase domestic funding allocations in subsequent years. However, given the limited fiscal capacity of the country, support from the international community remains critical.

My country has made substantial progress in responding to the HIV epidemic. Nevertheless, increased efforts are needed to meet MDG 6, to halt and reverse the spread of the epidemic by 2015. Guided by the WHO Global Health Sector Strategy on HIV/AIDS, Georgia has established early identification and treatment of HIV cases as priorities for the future, as part of the most promising approach to eliminating the epidemic.

Thirty years of the AIDS burden have shown that without solid political will and effective guidance we cannot achieve our goal. From this battle, we have emerged stronger and more committed to ending the epidemic, safeguarding future generations and saving millions of lives.

The Acting President (*spoke in Spanish*): I now give the floor to the representative of Egypt, Mr. Ahmed Mohamed Abdel Halim, Personal Representative of the President of the Supreme Military Council.

Mr. Halim (Egypt) (*spoke in Arabic*): Egypt attaches special importance to this High-level Meeting, which is being held at a critical juncture to support the efforts of the international community to combat the spread of HIV/AIDS, take stock of our achievements so far and enhance our joint efforts to achieve universal access to prevention, treatment, care and support for all by 2015, in order to eliminate the spread of HIV.

Egypt aligns itself fully with the statement delivered yesterday by the Minister for Health of Senegal on behalf of the African Group.

The spread of HIV/AIDS poses one of the main challenges to achieving the Millennium Development Goals (MDGs) by 2015, especially MDG 6. The past few years have seen success in reducing the incidence of infection in some developing countries, which can be attributed to their efforts to increase access to national prevention, treatment, care and support programmes, implemented in cooperation with the United Nations. However, the continuing increase in the estimated number of new infections around the world, the number of people receiving treatment every year since the beginning of the new millennium and the fact that African countries continue to be the most severely affected continue to be serious challenges and obstacles to sustainable development efforts.

These ongoing challenges call for a practical and effective response from the international community through comprehensive, equitable and nationally owned frameworks that ensure that all people living with HIV/AIDS have access to effective prevention, treatment, care and support, without discrimination and in accordance with the specificities of each country and society. The principle of national ownership cannot be overemphasized in this struggle. Such ownership ensures the efficiency and effectiveness of HIV-related programmes, as it guarantees that they are tailored to the specific needs of each country and society, taking into account their legal, cultural, ethical and religious values and circumstances.

The eradication of HIV infection calls for special attention to be given to strengthening the national capacities of Member States, especially African countries, to take into account the conditions specific to communities and societies in each State. Efforts to provide adequate and effective prevention, treatment, care and support programmes should be enhanced, as should capacities to implement national awareness-raising campaigns to address harmful traditional practices, reduce risk-taking behaviour and encourage responsible sexual behaviour. All of this requires a considerable increase in international financial resources and assistance to develop and strengthen national, institutional and human resource capacities,

as well as the provision of new, effective, good quality and affordable medicines, antiretroviral therapies and vaccines.

Egypt believes in the importance of strengthening regional capacities to combat the spread of infection. In this regard, Egypt, with the full cooperation and active participation of the African Union, launched an Africa-wide initiative to establish a regional centre to promote cooperation in the fight against HIV and serve as a liaison between centres specialized in this field on the continent. We hope that the international community will provide financial and technical support for this initiative.

The international community has a special responsibility not only to work to provide the financial resources needed to bridge the present financing gap, which is estimated at $6 billion, but also to find drastic solutions to the problems of trade-related intellectual property, especially when it comes to medicines and vaccines, in order to ensure that treatment is provided at affordable prices in developing countries, particularly in Africa. Such efforts should be complemented by an efficient rationalization of assistance directed towards supporting interventions at the national, local and community levels and strengthening the role of families, non-governmental organizations and civil society in combating the spread HIV.

The spread of HIV is often both a cause and a consequence of poverty and underdevelopment. The successful elimination of HIV infection therefore requires a process of sustainable development that supports, among other things, efforts to develop infrastructure and economic, education and health systems. The transfer of knowledge and technology is crucial to supporting these efforts, especially when it comes to the medical sector.

Furthermore, the international community has an obligation to eradicate the root causes for the spread of infection, including through combating the illicit trafficking in drugs as a top priority, in addition to working to implement harm elimination and reduction programmes, to address the economic and social challenges that increase the vulnerability of women to HIV infection and to combat discrimination, all forms of violence and the sexual exploitation of women.

Furthermore, the international community must pay due attention to ensuring the peaceful settlement of armed conflicts, especially in Africa. Protracted conflict situations affect the ability of Member States to direct the needed resources to effectively implement their national prevention, treatment, care and support programmes, resulting in the continued spread of infection. Political instability results in increasing the marginalization of women, children and youth, as well as their vulnerability to infection, thereby creating additional challenges for peacebuilding efforts in post-conflict situations.

Today, we underscore our sincere determination to combat the spread of HIV infection and renew our strong political will and full commitment to the principle of national ownership of all prevention, treatment, care and support programmes. We must strengthen international cooperation and assistance, without conditions, in order to maximize benefits. We must strengthen our efforts to address the nationally identified determinants and modes of transmission of HIV, in accordance with the specificities of each Member State and community. In doing so, we will realize our goal of attaining universal access to prevention, treatment, care and support by 2015, and move closer to achieving the MDGs, especially MDG 6.

The Acting President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Patrice Debré, AIDS Ambassador of France.

Mr. Debré (France) (*spoke in French*): France was duty-bound to participate in this special meeting. We have come a long way since the discovery of AIDS 30 years ago. The fight against HIV/AIDS has truly been an exemplary mobilization of every component of the international community — States, non-governmental organizations (NGOs), the scientific community, patient groups and the private sector. The approach to combating the epidemic has been unprecedented. For the first time, we learned to listen to victims and affected groups and to involve them in creating programmes.

We had to envision new partnerships, especially public-private ones such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility (UNITAID). Ten years ago, many people thought that because access to treatment was too expensive, it was not the solution. However, we believed in it. France believed in it and, at the Group of Eight (G-8) Summit at Gleneagles, we committed to working towards universal access to

treatment. Along with financing, we also had to work on attitudes. The role of NGOs and patient groups was a determining factor, and it is for that reason that we continue to defend their role and their right to be heard.

All this progress brings hope. But we must not stop at the halfway mark. The fight against AIDS is entering a decisive stage. We must not let up in the struggle and risk seeing our gains nullified. For every person started on treatment, two new people are infected. The epidemic continues to advance and we have not yet managed to catch up with it. How can we allow this when by now we well understand how it is transmitted?

Prevention is essential. For the first time in the history of the fight against HIV/AIDS, current scientific knowledge allows us to conceive of a world free of new infections 20 to 30 years from now. That world, free of new infections, should be our goal, just like that of access to treatment for all victims. We can hope to achieve the goal of zero new infections. But to reach that, we have much more to do, particularly regarding vulnerable groups.

Women and adolescents, who are the first to be affected by the epidemic, are often among the forgotten. It is crucial that their sexual and reproductive rights be guaranteed. They must have access to comprehensive information and health services geared to their needs. They must be able to have full control of their bodies and free choice in their sexual and conjugal life. It is difficult to touch on all the vulnerable groups without leaving some out. But I would like to mention drug users, prostitutes, migrants, prisoners and the disabled. Such people often have no access to information and are left on the sidelines by health programmes. I would also like to emphasize the importance of risk-reduction policies, particularly for drug users. Then there are men who have sexual encounters with men; homosexuals; and transgender persons. These are undoubtedly the groups that suffer most from discrimination and stigmatization, and who are too often missing from policies aimed at combating HIV/AIDS. In that regard, we also reiterate our call for the decriminalization of homosexuality.

We hope that the draft declaration (A/65/L.77) that will be adopted at the end of this Meeting of the Assembly will reflect significant progress for all these vulnerable groups. The Secretary-General's report (A/65/797) confirms that, too often, national plans do not target such groups.

Prevention is also achieved by eliminating mother-to-child transmission. In order to be effective, these programmes, which France supports, require integrating activities to prevent mother-to-child transmission with reproductive health. And these are not the only measures: prevention is also achieved through research, such as the search for a vaccine, and through treatment used as a prevention tool — because treatment, care and support complement prevention. Ten million victims were still waiting for treatment in 2010. We must endorse the goal of access to treatment set by the Secretary-General. That is the aim we have set ourselves: that every victim deserves treatment. Screening must be coupled with the ethical principle of offering systematic treatment, and ensuring continuity of care is equally essential. Its implementation by States via robust health care systems and universal coverage, with free treatment, is thus a crucial element.

In order to achieve the goal of universal access, we fully realize the necessity of pursuing existing methods of financing and finding new and additional sources as well. France has committed to allocating an additional €60 million a year to the Global Fund, bringing its total contribution to €360 million per year. We are convinced that the ongoing reform will allow us to go even further. We urge those countries that have not yet contributed to join the collective effort. We will also continue to support UNITAID and to urge for an airline-ticket tax worldwide.

France also encourages the production of generic medicines and the implementation of new instruments that can facilitate access to treatments. The establishment of a patent pool, to which the G-8 countries have already committed at Deauville, is one such instrument. Research must also work on finding products that are more effective and financially accessible for every country. Access to treatment is still far too costly, and is a major obstacle to universal access.

Today we have the advantage of a group of organizations that all have precise and complementary roles: the funds of the Global Fund and UNITAID; the Joint United Nations Programme on HIV/AIDS for the human rights and coordination aspects, whose strategy we support fully; and the World Health Organization for its standard-setting. It is crucial that these entities

cooperate closely. The fight against HIV/AIDS, we should remember, is the collective responsibility of donors, international organizations, NGOs and actors on the ground, as well as of the countries that benefit, which must guarantee the good use of funding.

Mr. Mac-Donald (Suriname), Vice-President, took the Chair.

No progress can be possible without genuine political will. That is why we are meeting here. France therefore solemnly reiterates its commitment to viewing the fight against HIV/AIDS as a major priority and to continuing to do all it can to make universal access a reality at last.

The Acting President: I now give the floor to Mr. Rainer Engelhardt, Assistant Deputy Minister of the Infectious Disease Prevention and Control Branch of the Public Health Agency of Canada.

Mr. Engelhardt (Canada) (*spoke in French*): Canada welcomes this important opportunity to assess the progress made in realizing the goals of the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration (resolution 60/262). We can be proud of our many accomplishments. Collectively, we have made great gains in increasing access to treatment and decreasing the incidence of HIV. All over the world today, there is a greater recognition of the importance of an environment that enables us to reduce stigmatization and discrimination, and to protect the rights of people living with HIV/AIDS.

Despite these successes, many political, social, economic and scientific challenges remain. Progress has not been evenly distributed around the globe. Universal access to HIV prevention, as well as treatment, care and support, remains out of reach in many countries and among certain populations. Canada is committed to achieving universal access to these services. We recognize that to achieve the goal of universal access, a comprehensive, integrated and coordinated response to HIV and AIDS is needed.

(*spoke in English*)

Canada recognizes that if global action to fight HIV/AIDS is to be successful, it must be evidence-informed and built on a foundation of diversity, respect for human rights and gender equality. The value of local knowledge, lived experiences and the meaningful inclusion of people living with HIV/AIDS is vital to achieving that success. By working with partners and aligning itself with developing countries' Governments, Canada is fighting HIV/AIDS in a harmonized way, to reach those at risk more efficiently. We have demonstrated our commitment by providing $783 million between 2005-2006 and 2009-2010 for HIV/AIDS prevention, treatment, care and support programs in developing countries.

The Government of Canada also recognizes that prevention remains the most effective tool to address HIV and AIDS. Finding more effective methods of prevention is the best way to mitigate the human and financial costs of the epidemic. The Government of Canada is investing in new methods of prevention. We strongly support the development of a safe, effective, affordable and globally accessible HIV vaccine through the Canadian HIV Vaccine Initiative. Canada will continue to seek innovative partnerships in research and laboratory sciences in order to further prevention efforts.

Preventing the transmission of HIV from mothers to children is a component of Canada's contribution to the Group of Eight (G-8) Muskoka Initiative on Maternal, Newborn and Child Health. In June 2010, Canada led G-8 and non-G-8 leaders in committing $7.3 billion to mobilizing global action to reduce maternal and infant mortality through the Muskoka Initiative. Canada will provide $1.1 billion in new funding over the next five years. Canada is also providing $1.75 billion in ongoing spending on maternal and child health programming, for a total contribution of $2.85 billion over five years.

Last September, the Secretary-General launched the Global Strategy for Women's and Children's Health. To support the Strategy, the Secretary-General asked the World Health Organization to establish a Commission on Information and Accountability on Women's and Children's Health. Canada was honoured to have co-chaired the Commission with President Kikwete of the United Republic of Tanzania.

The Commission has moved quickly to identify 10 practical recommendations that will improve the tracking of resources and the measuring of results for accelerated progress on women's and children's health. The Commission's work was greatly informed by the experience of the HIV/AIDS response. In selecting the prevention of mother-to-child transmission as one of the tracer indicators for women's and children's health,

the Commission has sent an important signal regarding the need for the integration of health services.

The launch, at this meeting, of the Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive underscores that the world has an unprecedented opportunity to prevent new HIV infections among children, and keep mothers and children infected with HIV healthy and alive.

Canada's domestic response has taken into account the specific needs of populations disproportionately affected by HIV, including indigenous peoples, men who have sex with men, people who use drugs, people living with HIV/AIDS, people from countries where HIV is endemic, women at risk, youth at risk and people in prison. The Government of Canada plans to invest more than $91 million this year to support vaccine development and domestic prevention, diagnosis, treatment, care and support programmes for these key populations. We are also looking at the ways in which social, cultural and economic factors can make some people more vulnerable to HIV infection and how those factors affect the quality of life of people living with HIV/AIDS.

Both domestically and globally, Canada is working to overcome the stigma and discrimination faced by those living with, or at risk of, HIV and AIDS. We are also committed to decreasing the number of infections among women and girls and to eliminating all forms of violence against women and girls.

Furthermore, Canada supports programmes that empower people to make informed decisions about their sexual and reproductive health. Global action will only be successful if we work together. Success will be measured by how well we prevent the further spread of HIV and other related infections and how we support people living with those diseases.

It has now been 10 years since we adopted the Declaration of Commitment. Since then, we have truly accomplished a great deal. But we cannot afford to be complacent. Through universal access to prevention, care, treatment and support, we, the international community, are capable of meeting our targets and reversing the negative impacts of HIV and AIDS.

The Acting President: I now give the floor to the His Excellency Mr. Hasan Abdul Rahman, Director-General of Health of Malaysia.

Mr. Hasan (Malaysia): At the outset, allow me to thank the President for having convened this High-level Meeting. It is timely indeed that we meet 10 years on from the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and five years from the 2006 Political Declaration (resolution 60/262), as well as 30 years since the start of the HIV/AIDS epidemic. We are now only a few years away from the deadline for the goal of halting and reversing the spread of HIV/AIDS by 2015.

In spite of major progress in terms of access to treatment and a 25 per cent reduction in new HIV infections over the past 10 years, as mentioned in the Secretary-General's report (A/65/797), HIV/AIDS remains a global challenge, and stopping and reversing this epidemic requires progress in all regions of the world. Malaysia remains committed to achieving this.

By the end of 2010, Malaysia had reported a cumulative figure of 91,362 HIV cases, 77,064 reported to be living with HIV. We have noted a consistent downward trend in newly reported HIV cases, with the 2010 figure at 12.8 per 100,000 of the population. The Government aims to reduce new HIV cases to 11 per 100,000 people by 2015. We believe that this target is achievable.

Over the years, Malaysia's response to HIV has been characterized by strong political commitment and a policy of openness about the epidemic. This openness has enhanced productive dialogue, at the levels of both programme development and implementation. Malaysia has had several national strategic plans on HIV and AIDS; that for 2006-2010 saw the Government allocate $30 million per annum during that period. We are at the stage of implementing the 2011-2015 plan, which will continue to place strong emphasis on strengthening the multisectoral collaboration undertaken under the previous plans. We estimate that an additional $170 million is needed for its implementation, with almost 60 per cent of that amount going towards antiretroviral treatment.

Allow me to share some of the steps that have been successful in Malaysia. First, a harm-reduction initiative for injecting drug users was adopted, comprising a needle syringe exchange programme and methadone substitution therapy. This initiative was

allocated approximately $90 million between 2006 and 2010. Besides public and private facilities delivering methadone, the Government has taken initiatives to extend services to prisons and drug rehabilitation centres. The last integrated bio-behaviour surveillance study, conducted in 2009, showed that the percentage of people who injected drugs and used sterile needles was 85 per cent.

Secondly, another significant contributory factor to the downward trend in newly reported HIV cases in Malaysia has been the initiative to prevent mother-to-child HIV transmission. Introduced in 1998, this programme has been successful in reducing vertical transmission to 3.8 per cent.

Thirdly, the provision and access to antiretroviral treatment is an essential component in delivering services to those infected with HIV. Access to cheaper drugs has made a major contribution in enabling countries such as Malaysia to expand treatment options and capabilities. To improve coverage and accessibility to antiretrovirals, the Government has extended services to deliver antiretrovirals to people living with HIV in prisons and drug rehabilitation centres. By the end of 2010, about 13,981 people living with HIV were on antiretrovirals, based on a CD4 cell count of 250 — some 93 per cent coverage.

Fourthly, the Government has been working closely and in partnership with non-governmental organizations (NGOs) to ensure that the populations at greatest risk have access to HIV/AIDS-related information, testing and counselling and prevention commodities. Since the establishment of the Malaysian AIDS Council, in 1992, as a coordinating body for NGOs, the Government has allocated about $25 million to such groups. We will continue to support our NGOs and to work with them in providing prevention packages and treatment options, delivering care and promoting support to them.

Finally, delivering correct and useful information on HIV is essential in assisting any country to fight this disease. In particular, young people should be given that information while they are at school, or even outside of school, in order to promote a healthy lifestyle and good moral values.

The President returned to the Chair.

Allow me to take this opportunity to thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for supporting Malaysia and providing assistance in the amount $12.5 million for the next five years. This funding will be channelled to the Malaysian AIDS Council, as a principal recipient, to scale up activities in implementing harm-reduction activities, in particular for the needle exchange programme, and in prevention activities for sex workers.

The Government of Malaysia has committed to providing a contribution of $100,000 to the Global Fund. While that amount is modest, it represents our strong commitment at the international level to combating HIV/AIDS.

Malaysia reiterates its call for prevention to remain the mainstay of the fight against HIV. Malaysia is committed to reaching zero new HIV infections, zero discrimination and zero AIDS-related deaths. Much has been achieved, yet even more work lies ahead for all of us in order to halt and reverse the HIV/AIDS epidemic.

The President (*spoke in French*): I now give the floor to Mr. Alexis Guilarte, Director-General of Health Programmes of the Ministry of the People's Power for Health of the Bolivarian Republic of Venezuela.

Mr. Guilarte (Bolivarian Republic of Venezuela) (*spoke in Spanish*): My delegation fully endorses the statement made yesterday by the Vice-Minister of Public Health of Paraguay on behalf of the Union of South American Nations.

The Bolivarian Republic of Venezuela would like to take this opportunity to reaffirm its irrevocable commitment to building an inclusive and humanistic society that strives to eradicate poverty, overcome inequalities and promote social justice. Our National Constitution is the philosophical foundation of the political plan being promoted by the Bolivarian Government, which is faithfully committed to the full enjoyment of liberty, justice, equality and solidarity.

In Venezuela the right to health care is enshrined in the Constitution and is framed by the principles of gratuity, universality, comprehensiveness, equity, social integration and multi-ethnic and multicultural relevance. The public policies of the Bolivarian Government have been hugely successful owing to their focus on rights, which has entailed the creation of public institutions that will guarantee respect for those rights and ensure their full enjoyment.

The action plan in place to date is a response to what has been considered as a concentrated epidemic, with an estimated prevalence of 0.33 per cent among the general population. The overall objective of the action plan is to improve the prevention of HIV/AIDS and of other sexually transmitted infections and to provide better comprehensive care at the national level. Consistent with that goal, the plan structures the national response around three main strategic areas, namely, prevention, care and epidemiological surveillance.

Today, we can point to several achievements under the action plan. For instance, HIV morbidity in Venezuela is estimated at 161,510 people. Some 11,000 new cases are reported annually, of which approximately 70 per cent of those afflicted are over 15 years of age. By 2008, Venezuela ranked fourteenth in HIV-related deaths. During that year, HIV-related diseases were the underlying cause of 1,632 deaths. Since 1982, mortality has been rising, but universal access to treatment has helped to stabilize the rate at an average of 5.84 per 100,000 population.

In operational terms, universal access in Venezuela is a reality and the free treatment and monitoring programme has served 37,827 people to date. Of the 35,893 people treated in 2010, 28 per cent were women, 73 per cent were men and 2.4 per cent were children under 15 years of age. All pregnant women living with HIV have access to antiretroviral drugs to prevent the vertical transmission of the virus. In 2010, 265 people received treatment and a total of 2,233 people were treated from 2001 to 2010.

The treatment protocol in Venezuela is comprised of 30 pharmaceutical dosage forms for 21 antiretroviral drugs. By 2010, the Bolivarian Government had spent approximately $64 million on antiretrovirals, in spite of the fact that it did not derive any economic benefit from that budget allocation. That investment, which was made without any donor funding, represented 2 per cent of the annual budget of the Ministry of the People's Power for Health. We wish to note that this trend in Government spending has since increased by 200 per cent. Approximately $96.2 million is invested annually in the diagnosis, monitoring and treatment of people living with HIV.

The participation of community organizations, agencies of the United Nations system and representatives of institutions and scientific and technical networks has been a constant in Venezuela's evolving response to HIV/AIDS.

The issue of drug resistance is one aspect of HIV treatment that has been given very careful attention in the national programme so as to ensure that up-to-date scientific data is available on resistance to antiretroviral drugs in Venezuela, which is estimated to be very low at less than 5 per cent. We are currently designing a research project to that end.

The Ministry of the People's Power for Health has maintained its commitment to achieve internationally agreed development objectives and goals, including the Millennium Development Goals, in particular the goal of halting and beginning to reverse the spread of HIV/AIDS.

Progress has been made in the strategy for countering HIV in Venezuela by holding a range of national consultations with, and activities for, people living with HIV, who are represented by community organizations. Efforts are made to ensure that the strategy is consistent with the best practices, strategies and achievements of international organizations involved. My delegation wishes to underscore that national plans and policies have been designed to be inclusive, with a view to eliminating the stigmatization of, and discrimination towards, vulnerable groups.

On the basis of scientific data and its cumulative experience at the national and global level, the Bolivarian Government has begun to develop its action plan for 2011-2015. The plan is adapted to our reality, thereby enhancing monitoring and evaluation activities at the local and regional levels. The Government is also taking a cross-sectoral and intra-sectoral approach to improving the quality of treatment, care and support services for people living with HIV and to strengthening its response to tuberculosis, sexual and reproductive health issues, sexually transmitted infections and maternal, neonatal and infant health. Furthermore, it is taking a cross-cutting approach to improving response in all areas related to the goals set for 2015. All of those initiatives are consistent with the elements of the draft final declaration (A/65/L.77) of this High-level Meeting.

The Bolivarian Republic of Venezuela urgently calls on the international community to support national plans and strategies for ensuring universal access to low-cost HIV/AIDS drugs. That is a sine qua non condition to radically reverse the mercantilist view

of health by promoting the transfer of appropriate technologies and skills to developing countries in accordance with their needs and national realities.

In conclusion, on the occasion of the bicentennial of our great country's independence, the Bolivarian Government hopes for a more inclusive world that guarantees the right to development, with a view to creating the greatest happiness possible.

The President (*spoke in French*): I now give the floor to Mr. Oleksandr Fedko, Head of the Ukraine State Department for Countering HIV/AIDS and Other Socially Dangerous Diseases.

Mr. Fedko (Ukraine) (*spoke in Ukrainian; English text provided by the delegation*): HIV/AIDS is one of the greatest challenges to the development, progress and stability of States, and it demands an exceptional and comprehensive response at the national, regional and global levels. However, it should be noted that this challenge has received an unprecedented response from the United Nations system, Member States, the private sector and non-governmental organizations.

With regard to Ukraine, many international experts believe that our country can be a model of effective cooperation, in particular between the Government and various non-governmental organizations. It was not by chance that a representative of our country, Ms. Tatyana Afanasiadi, participated in the opening ceremony of this High-level Meeting.

Substantial progress has been achieved recently in creating the conditions needed for an adequate response to the spread of HIV/AIDS. At the beginning of this year, Ukraine joined a number of countries that repealed their respective travel restrictions on people living with HIV.

We share the optimism expressed by Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), with regard to the possibility of gaining full control over the epidemic, tackling it and reversing it. The reason for such optimism in our State is the understanding by the leadership of Ukraine of the urgency of taking effective measures to combat the spread of HIV.

Last year, the President of Ukraine, Viktor Yanukovych, issued a decree establishing the State Service of Ukraine for Countering HIV/AIDS and Other Socially Dangerous Diseases as a central executive authority institution dedicated to coordinating the efforts of all partners in combating the spread of HIV/AIDS. This is the best evidence of the attention and commitment by Ukraine's Government and President to combating HIV/AIDS.

I have the honour to deliver this statement to the General Assembly High-level Meeting on behalf of the President of Ukraine, which demonstrates his personal commitment to countering the epidemic.

Ukraine was among the States that initiated the convening of the historic special session of the General Assembly in 2001. Over the past 10 years, invaluable experience has been gained and significant achievements made in combating the HIV/AIDS epidemic.

Ukraine adopted a national strategy on HIV/AIDS as part of its national legislation. The strategy applies both to society as a whole and to every citizen individually.

Priority measures aimed at overcoming the HIV/AIDS epidemic in Ukraine include measures to prevent the spread of HIV/AIDS and provide treatment for patients with HIV/AIDS, in a context of respect for the rights of HIV-positive people and of tolerance by society. To that end, a law on overcoming the spread of diseases caused by HIV and on legal and social protection for people living with HIV was adopted and came into force in Ukraine in January 2011.

The contribution of civil society to combating the HIV/AIDS epidemic in Ukraine cannot be overestimated. We are proud of the fact that non-governmental organizations and, most importantly, HIV-positive people are the major partners of the Government of Ukraine in implementing its response to the HIV/AIDS threat.

Ukraine's success in combating HIV/AIDS is, to a large extent, due to the contributions of donors that are committed to and support the Global Fund to Fight AIDS, Tuberculosis and Malaria. It must be acknowledged that the Fund has become an unprecedentedly effective instrument that provides sustainable assistance focused on achieving the best possible results.

I would like to take this opportunity to express our sincere gratitude to all donors who provide us with

assistance and continue to be reliable partners of Ukraine in its response to HIV/AIDS.

Ukraine has already achieved initial, encouraging results in combating the HIV/AIDS epidemic. Five years ago, Ukraine had the highest rate of HIV infection in Eastern Europe; today, it has the fourth-highest rate in the region.

Significant success has been achieved in the prevention of mother-to-child transmission of HIV, an area that is recognized as a priority in the national response to AIDS.

However, the situation regarding the spread of the disease remains alarming and difficult. There is still an upward trend in the number of people living with HIV/AIDS. We believe that in order to successfully fight the spread of HIV infection in Ukraine, further consolidation is needed with respect to the efforts of the Government and of society as a whole, as well as effective partnerships with the United Nations, bilateral donors and other organizations.

Ukraine reiterates its commitment to the Millennium Development Goals and reaffirms its obligations and spirit of solidarity in the global fight against AIDS. It is an ambitious task that requires unprecedented leadership and effort on the part of Ukraine. That is why we support the new "getting to zero" UNAIDS strategy for 2015 and the "countdown to zero" global plan for 2015 aimed at preventing new cases of HIV infection among children and at saving mothers' lives, as well as the new political declaration to be adopted at this High-level Meeting.

The President (*spoke in French*): I now give the floor to Mr. Mustapha El-Nakib, Director of the National AIDS Programme of Lebanon.

Mr. El-Nakib (Lebanon) (*spoke in Arabic*): At the outset, we would like to express our appreciation to the President of the General Assembly for having convened this important meeting to promote international efforts to respond to HIV/AIDS, whose destructive consequences have spared no region or continent. In this regard, we express our appreciation for the efforts of the President of the General Assembly and of all those who have worked to make this conference a reality and a success.

The Lebanese Government, which participated in the drafting of the international recommendations for responding to HIV/AIDS that resulted from the June 2001 special session of the General Assembly on HIV/AIDS, is still working to implement those recommendations and submits annual reports in that regard. We reiterate our commitment in that regard.

We have also worked to achieve universal access under a United Nations programme that requested States to implement national strategies, plans, services and projects. In 1997, the Government of Lebanon provided triple drug therapy to people living with HIV/AIDS and in need of treatment, in line with national protocols. We also provided full coverage for Palestinian refugees living with AIDS on Lebanese territory and in need of treatment. We are still working to provide treatment to people of other nationalities living with HIV/AIDS on Lebanese territory as a result of force majeure.

The role of the Government of Lebanon is not limited to providing treatment but includes a whole range of measures in response to HIV/AIDS. In that context, it established the national programme to combat AIDS under the Ministry of Health, in cooperation with the World Health Organization. The programme carries out many activities aimed at raising awareness about HIV/AIDS prevention, providing medicines, treatment and tests, and carrying out evaluations. We have set aside a special budget to ensure the success of the plans and projects. The programme was developed in cooperation with international and local entities and specialists, which contributed in various ways to its implementation in a manner commensurate with national requirements. With respect to international actions, Lebanon created a three-year plan on HIV/AIDS with the participation of stakeholders, including civil society, United Nations agencies, non-governmental organizations (NGOs) and the relevant ministries.

Lebanon's response to HIV/AIDS is not limited to the Government's efforts. Effective partnerships among civil society and NGOs have benefited from the vitality and openness of Lebanese civil society, whose openness and willingness to help others has helped the national HIV/AIDS programme, in particular with respect to its efforts in the health-care sector, to reach the most vulnerable segments of the population. The national programme plays an important facilitating role in cooperation with the NGOs. It has been successful in all areas of response and has reached a number of people, in particular those who have been marginalized.

Through the national programme to combat HIV/AIDS, the Lebanese Government has created conditions conducive to NGOs carrying out their work and has provided them with technological assistance and funding. The Government has provided the resources necessary to implement the national programme on the ground in order to effectively combat the epidemic. The national programme also developed training programmes within and outside Lebanon for personnel working in this field. In this context, Lebanon has access to two regional NGO networks of the Middle East and North Africa to limit the spread of HIV/AIDS; the latter recently received an important grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

While the Lebanese people are aware of and knowledgeable about HIV/AIDS, modes of transmission and prevention, many of those affected by HIV/AIDS continue to suffer from stigmatization and discrimination. Despite previously adopted laws that promote stigmatization and discrimination, the Government, in cooperation with the NGOs, has worked to overcome those obstacles so as to reduce stigmatization and discrimination with respect to the disease and people living with HIV/AIDS, in particular the most vulnerable groups, including sex workers, homosexuals and people who use drugs.

The national programme to combat HIV/AIDS worked to establish these NGOs in close cooperation with civil society, and it has provided them with material and technical support. It also included them in the NGO network that is working to respond to HIV/AIDS and established full partnerships among them, the national programme and other organizations, in particular those organizations that work with people living with the virus, including homosexuals and drug users. This has contributed to decreased stigmatization of and discrimination against such persons. In addition, their representatives now play leading roles in the development of national strategies, especially in the area of reducing risk and increasing awareness and the availability of counselling in the context of HIV/AIDS.

We wish to note that the Government of Lebanon has adopted a stance on decreasing the risk of HIV transmission. For that reason, it established a committee composed of medical specialists, representatives of the relevant ministries and activists in the field. The committee has drawn up a number of plans, including a protocol for certain medications. Currently we are working on other projects, including needle-exchange programmes to reduce the risk of HIV infection among injecting drug users.

The greatest achievement of the national programme to combat HIV/AIDS is the voluntary HIV testing programme for the most vulnerable groups, which is also carried out in certain remote areas. The programme includes counselling before and after testing, and also provides scientific training and presentations on development issues to cadres and NGOs.

I would like to conclude by emphasizing the importance of human rights, especially freedom of belief and expression, which is a pillar of our society. Lebanon works with all of its partners to protect these rights and to ensure that our laws conform to the requirements of a response to the HIV/AIDS epidemic. We support the creation of civil society groups on this issue.

The openness of Lebanese society and its willingness to follow up on its ideas will assist in its development, as in the past. We commend the Assembly for the success achieved in the fight against HIV/AIDS. We know that there is still much to do in order to respond effectively to this disease. Our success depends upon political will.

The President (*spoke in French*): I now give the floor to Mr. Gabriel Thimothé, Director General of the Ministry of Public Health and Population of Haiti.

Mr. Thimothé (Haiti) (*spoke in French*): The Republic of Haiti is proud to join the Governments of the States parties to the June 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) to inform the Assembly of the progress achieved since the last stocktaking of 2008.

We would like to stress that our country understood right from the beginning that a cross-cutting response to the HIV/AIDS issue must be supported by political will. Tremendous efforts have been made to mitigate the consequences of the pandemic. However, despite the determined commitment of all relevant stakeholders, Haiti remains at the stage of a generalized epidemic, with a prevalence rate of 2.2 per cent. We have noted also a clear increase in the rate of women infected by HIV, with an attendant increase in mother-to-child transmission. That trend has an impact on socio-economic development

owing to the demographic and socio-economic importance of Haitian women.

Two major natural disasters — the earthquake of 12 January 2010 and the cholera epidemic — exacerbated the health situation by imposing constraints and jeopardizing the progress achieved. However, with a firm commitment at the highest level of the State and the support of our local and international partners, we have been able to address the problem by taking appropriate action. We are aware of the scope of the challenges to be met, but our strong resolve, based on a broad consensus and a participatory approach, has allowed us to achieve tangible results in the combat against HIV/AIDS.

In 2010, the number of people tested rose to 431,223, at 166 voluntary testing sites, and the number of centres focusing on the prevention of mother-to-child transmission rose from 94 in 2008 to 125. Also in 2010, around 140,000 pregnant women who visited prenatal clinics were tested for the virus.

In terms of clinical and therapeutic treatment, 28,667 active patients have been placed on antiretroviral treatment, close to the set goal of 30,000 patients benefiting from the treatment. To ensure the quality of the health care provided to people living with HIV, HIVQUAL, a performance-measurement strategy, has been implemented at 19 locations since 2008. At a conference on the quality of health care held in Namibia in March 2011, Haiti was awarded an excellence award for its performance in terms of treatment and care.

Prevention activities have been stepped up, targeting as a priority young people, sex workers, and men who have sex with men. Communications strategies aimed at behaviour change include outreach services and the use of popular theatre.

In the area of respect for human rights, the fight against discrimination and stigmatization is being waged through the strengthening of associations of people living with AIDS, with the backing of civil society organizations, leading to a more supportive environment. Greater involvement of persons living with HIV at the Country Coordinating Mechanism level and in other areas has created an irreversible momentum towards social inclusion.

The challenges are vast, despite the significant progress made. We must improve the quality of prevention and treatment services and guarantee universal access to treatment. We will need to focus our efforts on the better coordination of actions and the rationalization of available resources, which will depend on the extent to which the multisectoral approach is taken up by all governmental stakeholders, working synergistically with civil society for a more coherent national response.

Decentralization of activities remains imperative in order to revitalize the fight against AIDS. The draft law on AIDS will be revised and submitted to Parliament for ratification. Concurrently, we will do our utmost to ensure the effective functioning of the national commission for the fight against AIDS, whose main mission is coordinate the national response at the policy and strategic levels.

The Republic of Haiti reiterates its commitment to working to eliminate mother-to-child transmission and congenital syphilis in the Americas by 2015.

The Haitian Government takes this opportunity to thank the Governments of friendly countries for their invaluable support. We thank the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United States President's Emergency Plan for AIDS Relief; the agencies of the United Nations system; and all those that are contributing to the continued successful fight against AIDS in Haiti.

However, despite the efforts made and the successes achieved, major challenges remain. The Republic of Haiti will continue the fight with the same intensity, commitment and determination.

The President (*spoke in French*): I now give the floor to the observer of the European Union.

Mr. Serrano (European Union): I have the honour to speak on behalf of the European Union and its Member States.

The candidate countries Turkey, Croatia, the former Yugoslav Republic of Macedonia; the countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia; as well as Ukraine, the Republic of Moldova and Georgia, align themselves with this declaration.

In 2001 — and again in 2006 — we came together here to demonstrate to the world our commitment to the global fight against HIV/AIDS.

During the last decade, the number of people newly infected with HIV has declined by 19 per cent, more than 6 million people are receiving antiretroviral therapy in low- and middle-income countries, and the number of AIDS-related deaths has declined by 19 per cent. Those are tremendous achievements, and the European Union (EU), which provides over 30 per cent of global funding to fight HIV in low- and middle-income countries, is proud to have contributed to it.

Despite these successes, there is no room for complacency. The HIV/AIDS epidemic remains a global challenge requiring continued political commitment and a sustained, long-term response. That is why we are gathered here to renew and reaffirm that commitment at the highest level.

The European Union and its member States believe that prevention is key if we want to build a world with zero new HIV infections. To reach this ambitious target, the key drivers of the HIV epidemic have to be identified and addressed. We need a comprehensive approach in order to address, for example, harmful gender norms, gender-based violence and poverty.

Women represent the majority of all people living with HIV, especially in sub-Saharan Africa. Revolutionizing HIV prevention requires concrete progress towards gender equality and the empowerment of women.

Access to sexual and reproductive health services should be regarded as a key entry point for the prevention of HIV and to strengthen maternal, newborn and child health and actively prevent vertical transmission. Furthermore, access to comprehensive sexuality education — for both boys and girls — and access to commodities, in particular, male and female condoms, are vital. A special and continued effort is needed to empower young people with knowledge and services.

The European Union and its member States are deeply concerned that inadequate attention is being paid to the prevention needs of key populations at higher risk. The world will not be able to sharply lower the rate of HIV transmission without paying special attention to the prevention needs of these groups, in particular men who have sex with men, injecting drug users, and sex workers and their clients.

National ownership is critical to ensuring the alignment of and optimal synergy among international and domestic resources for HIV/AIDS and the health sector. There is an urgent need to scale up efforts to strengthen health-care systems. At a time when HIV itself is becoming for many a chronic disease and when people living with HIV are increasingly affected by non-communicable diseases, we need to work towards further strengthening multisectoral approaches and policy coherence, including through integration with other health responses and diseases such as tuberculosis, hepatitis and malaria.

We cannot ignore the fact that we live in a resource-constrained world. Long-term policies for sustainable health financing are needed to increase the number of people accessing prevention, treatment, care and support, as well as to ensure that the poorest and most affected are reached. Here, we want to recognize the achievements of global health initiatives and funds, notably the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility, as key complements to our support to countries.

We have to think creatively. Innovative financing mechanisms have shown their relevance and effectiveness in the fight against HIV/AIDS, and we need to explore new mechanisms, such as the Medicines Patent Pool, to achieve our ambitious commitments.

The EU and its member States also reiterate the importance of fundamental legal and human rights. We welcome the commitment of the General Assembly to end stigma and discrimination for people living with, affected by or vulnerable to HIV.

I wish to conclude by reaffirming our strong political commitment to reach universal access targets in line with the Millennium Development Goals and to ensure continued support with an eye to 2015 and beyond.

The President (*spoke in French*): I now give the floor to the representative of the Dominican Republic.

Mr. Cuello Camilo (Dominican Republic) (*spoke in Spanish*): I should like to begin by conveying to the Assembly the apologies of the First Lady of the Dominican Republic, Ms. Margarita Cedeño de Fernández, who was determined to be here with us and address the Assembly, but was unable to do so for

reasons beyond her control. I shall now read out this statement on her behalf:

"The Dominican Republic reaffirms the commitments made in the Declaration of Commitment on HIV/AIDS of 2001 (resolution S-26/2) and the Political Declaration on HIV/AIDS of 2006 (resolution 60/262); recognizes the relevance of the adoption of a political declaration on HIV/AIDS within the framework of this Meeting, and gives the issue of HIV/AIDS high priority on its national agenda, as part of its efforts to tackle poverty and promote the country's social and economic development.

"Under the guiding principles of the United Nations the draft resolution is mobilizing its resources to address HIV/AIDS, pursuant to the fundamental principles of the 'Three Ones' of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and with the aim of achieving target 7 of Goal 6 of the Millennium Development Goals, which was the goal with respect to which the Dominican Republic had its best results, as presented in September last year under your presidency, Sir.

"Since the Caribbean region is the region of the world second-most affected by HIV/AIDS and includes the island of Hispaniola, which has about 80 per cent of the HIV/AIDS cases recorded in the Caribbean, it is a matter of urgency for the Dominican Republic to step up national and international efforts to reduce the epidemic's prevalence. Special attention must be given to the general population, without excluding vulnerable groups such as, among others, sex workers, drug users, residents of bateyes and poverty-stricken areas, since the epidemic is concentrated in those population groups.

"Recognizing the importance of respect for the human rights of people living with HIV/AIDS, in May the Dominican National Congress passed the Dominican Republic HIV/AIDS Act, assuring the individual guarantees that are essential in the framework of the national response to this scourge.

"Aware that the full attainment of human rights and fundamental freedoms for all is an essential element in the national response to HIV/AIDS, particularly regarding prevention, care, support and treatment, the Dominican Republic is widely promoting the reduction of stigmatization and discrimination against people living with HIV and AIDS, with an emphasis on the workplace. We are thus complying with the provisions contained in the International Labour Office's Recommendation Concerning HIV and AIDS and the World of Work (No. 200), the first international human rights instrument dedicated to HIV/AIDS in the workplace, adopted in 2010 in Geneva.

"Emphasizing the importance for our country of equal access to education for children orphaned or rendered vulnerable by HIV/AIDS, since 2006 the Dominican Republic has had in place a national policy for children and adolescents orphaned or made vulnerable due to HIV/AIDS, and, through the Ministry of Education, is implementing the provisions of the 'Prevention through education' Declaration adopted in Mexico in 2008, according to which we are creating and implementing sex education policies at all education levels.

"Confirming the Dominican Republic's commitment to achieving the universal access targets, since 2008 the percentage of people living with HIV/AIDS who are receiving antiretroviral therapy has been growing. In the case of pregnant women living with HIV, we have increased supplies of antiretroviral drugs, thus helping to prevent mother-to-child transmission of HIV.

"Emphasizing the importance for the Dominican Republic of the national response to HIV and AIDS is the fact that 7,000 people living with HIV/AIDS have been brought into the Dominican social security system, promoting social security's progressive development in ensuring universal access to adequate protection against illness, disability, unemployment and old age, as our Political Constitution envisages.

"Taking into consideration the dire consequences of the earthquake that devastated our neighbouring country Haiti, the Dominican Republic has intensified its efforts to devise a response to HIV and AIDS from a bi-national perspective, acknowledging that such health

conditions recognize neither national borders nor social and cultural barriers and political and administrative divisions.

"Underscoring the vital role played by the Global Fund to Fight AIDS, Tuberculosis and Malaria in our countries' national responses to HIV/AIDS, the Dominican Republic urges the international community to contribute to the Fund's sustainability and to ensure the availability of financial resources accessible to developing countries, which would contribute to those countries' own efforts, thus producing an effective response to HIV/AIDS, including guaranteed antiretroviral treatment for those persons living with HIV/AIDS who need it.

"One of the principal interests of the Dominican Republic is to guarantee to those living with HIV or AIDS the full enjoyment of their human rights and fundamental freedoms; access to health care, inheritance rights, work, social services, prevention, support, treatment, information and legal protection; while respecting, among other things, their privacy and the confidentiality of their HIV status. The Dominican Republic therefore wholeheartedly endorses the UNAIDS slogan 'Zero new HIV infections, zero discrimination and zero AIDS-related deaths', welcomes this important High-level Meeting, and joins in the efforts of the international community to seek alternative means of financing and aid that will allow us once and for all to contain and eradicate a pandemic that has so hampered our peoples' development."

The President (*spoke in French*): I now give the floor to the representative of Andorra.

Mr. Casal de Fonsdeviela (Andorra) (*spoke in French*): At the outset, I would like to congratulate the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and his team, who have prepared this High-level Meeting and done excellent work on the ground. I would also like to acknowledge the important work done by the Secretary-General, who, through his annual reports, compels us to reflect and leads us to action.

We all know that despite the progress made in the 30 years of the AIDS epidemic's existence, the international community must continue its efforts and renew the 2006 commitment. It is also true that perhaps now we should put pressure on countries that have not completely fulfilled all their commitments. Apart from this issue, we are all agreed that to achieve universal access we must find long-term, sustainable and inclusive solutions. This is a responsibility shared among Member States and civil society. We must continue to create partnerships between the private sector, Governments and international organizations. In this struggle it is essential that we raise awareness among and engage young people, and exploit all the power of new technologies.

I should mention that Andorra has worked to implement the Declaration of Commitment on HIV/AIDS of 2001 (resolution S-26/2) and the Political Declaration of 2006 (resolution 60/262). My country is committed to this fight, and I can assure the Assembly that we are lending our full political and budgetary support to help the UNAIDS strategy succeed.

(*spoke in Spanish*)

I am pleased to announce that on 20 October, the Government of Andorra eliminated the requirement of medical tests, including HIV/AIDS, for those wishing to live in our country. We have thus done away with any possibility of discrimination based on HIV/AIDS and complied with the objectives contained in the Secretary-General's report (A/65/797).

As participants can see, we have made progress, and I believe that we will continue to do so. Moreover, I would like to report that in our country, care of AIDS patients is provided through a completely free health and social security system. I also wish to state that in 2004, we launched epidemiological monitoring for HIV and AIDS cases, which has become a key guideline for our preventive policies. All epidemiological monitoring data are transmitted annually to the European Centre for Disease Prevention and Control.

With regard to education on HIV/AIDS in schools, in all the country's educational institutions Andorra holds systematically educational activities on the prevention of that and other sexually transmitted diseases and on the elimination of stigmatization. Furthermore, the Ministry of Health and Welfare provides free and confidential diagnostic testing to young people. In 2006, the authorities developed a prevention programme aimed at adolescents and young

people for the period 2006-2010 to provide information on, and to disseminate measures to eliminate the spread of, those diseases. That programme is currently being evaluated.

We in Andorra are very active in the area of international cooperation against HIV/AIDS. In addition to our contribution to the Organization's funds and programmes, including UNAIDS, in recent years we have financed four development cooperation projects in the Congo, Cameroon, Malawi and the Dominican Republic. In Cameroon, special importance has been accorded to psychological and social treatment for children orphaned by or vulnerable to AIDS.

The statements that have been made in this important forum make clear that we are definitely on the right track. It is now a matter of keeping up the pace and of continuing our constant monitoring.

The President (*spoke in French*): I now give the floor to the representative of Iceland.

Ms. Gunnarsdóttir (Iceland): I would like to welcome the report of the Secretary-General (A/65/797) on the progress made towards realizing the targets set out in the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and on what remains to be done. Iceland fully supports the recommendations contained in the report as well as the draft declaration (A/65/L.77) to be adopted at the end of this Meeting.

Much has been achieved in the combat against AIDS. Many HIV programmes have led to a decline in global HIV incidence. Access to treatment has greatly improved, and an unparalleled global movement has been mobilized to demand respect for the dignity and human rights of all who are vulnerable to and affected by HIV and AIDS.

However, as pointed out in the Secretary-General's report, those accomplishments, while promising, are insufficient and in jeopardy. Gender inequality, stigma and discrimination, including on the basis of sexual orientation, continue to undermine our efforts. Vulnerable groups, including men who have sex with men, sex workers and drug addicts, are often denied treatment. An unsustainable trajectory of costs and the effects of a global economic downturn also threaten progress.

Currently, Iceland is witnessing a steady increase in the number of HIV infections. That unfortunate development is linked mainly to intravenous drug abuse. Different approaches have been used to fight that trend, both by the Government and by non-governmental organizations, as well as by the private sector.

Drug addicts are a vulnerable group. They are hard to reach for preventive measures, care and treatment. The Icelandic Red Cross has recently established a mobile clinic that offers services directly to the most vulnerable drug addicts. The aim is to minimize the harmfulness of their lifestyle by providing them with clean equipment to prevent further HIV and hepatitis C infections among them.

Also, as we firmly believe that education and raising awareness are crucial to HIV prevention, students at the primary-school level receive education on reproductive health and rights, the use of condoms and protection. On the basis of youth educating youth, we have medical students reaching out to college students on those same issues. Recently, the public and private sectors launched a joint campaign nationwide promoting the use of condoms to prevent sexually transmitted diseases and HIV infections. Furthermore, youngsters have access to confidential medical testing and counselling at public-health clinics. Social media, such as Facebook, are used as a platform for guidance and counselling, and provide an opportunity for questions to be asked anonymously.

The health of women and girls is vital to the process of strengthening life-saving responses to HIV and AIDS. We therefore need to focus on achieving gender equality so as to ensure that women and girls do not bear a disproportionate burden of this epidemic, be it through infection, or as caregivers or victims of discrimination.

The promotion of human rights is key to our approach. That includes empowering women, which will also benefit their children. It also means respecting the rights and the dignity of vulnerable groups, such as men who have sex with men, sex workers and drug addicts.

Iceland remains committed to continuing the battle against the HIV epidemic both nationally and through international cooperation. No country can afford to look away. Only with concerted efforts can we remove the obstacles and eliminate this epidemic.

The President (*spoke in French*): I now give the floor to the representative of Monaco.

Ms. Picco (Monaco) (*spoke in French*): A series of historic events regarding the fight against the AIDS epidemic, declared almost 30 years ago, brings us together today in order for us to jointly continue to adapt policies so as to implement our commitments.

Today, the undeniable success of this global fight can be seen in the marked decrease in the number of people who are becoming infected and dying as well as in the acknowledgement of the need for respect for the dignity and fundamental rights of all who have been exposed to the virus. The political awareness that has helped to make the fight against AIDS a priority under Millennium Development Goal 6 must be further strengthened in this key period.

The Security Council's adoption of resolution 1983 (2011) on 7 June (see S/PV.6547) and the ambitious draft declaration (A/65/L.77) that we will adopt at the end of our deliberations reflects that renewed commitment and the crucial need to adopt an integrated and sustainable approach to the issue of HIV/AIDS.

While such encouraging progress is due partly to the 2006 pledge to ensure universal access to HIV prevention, treatment, care and support, together with increasing research, we must go even further to ensure those achievements and to bridge the gaps, since gender and geographical inequalities and discrimination persist. There are 33 million people living with HIV; 9 million are still awaiting antiretroviral treatment; and 7,000 people are dying every day, including 1,000 children.

As many others have said before me, an effective fight requires adequate, customary and innovative funding. They key is education, prevention and destigmatization. Encouraging trends among young people and the promotion of communication methods make it easier to uphold human rights.

The Government of the Principality reiterates its commitment to continuing its efforts in that regard. It wishes to pay special tribute to the leadership of the Secretary-General and of the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), and to assure them of its support, in particular in the effective implementation of their vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

As the UNAIDS roving ambassador and President of Fight AIDS Monaco, Her Serene Highness Princess Stephanie is personally involved in prevention and the fight against discrimination. In partnership with UNICEF, the Principality also contributes to the prevention of mother-to-child transmission as part of its international cooperation efforts.

We also wish to pay tribute to the efforts of UNAIDS in the fight against HIV/AIDS and other related infections, in particular the upcoming signing of a patent agreement with pharmaceutical companies that will facilitate access to generic medicines in developing countries.

The President (*spoke in French*): I now give the floor to the Mr. Henrique Barros, National AIDS Coordinator of Portugal.

Mr. Barros (Portugal): Portugal fully aligns itself with the statement delivered this morning by the representative of the European Union.

Portugal once faced one of the most widespread HIV epidemics in Western Europe. Three decades into the epidemic, however, considerable progress has been made. We were able to significantly decrease the number of AIDS cases and deaths, virtually eliminate mother-to-child transmission and dramatically decrease transmission among injecting drug users.

Portugal made substantial progress in promoting voluntary and free HIV testing for the general population and the most affected communities. We guarantee universal access to treatment. Knowing one's own epidemic is the major catalyst for success in fighting HIV.

In Portugal, the epidemic was driven mainly by unsafe drug-injecting practices, although all major vulnerable populations have been affected. There is still a high prevalence of HIV, not only among drug users, prison inmates, sex workers and migrants from highly endemic countries, but also among men who have sex with men, which is the only community facing a recent increase in the number of new diagnoses.

Our policies and preventive efforts incorporate a human rights-based approach and are centred on the best available scientific knowledge. The launching of a

needle- and syringe-exchange programme in the mid-1990s, followed by the decriminalization of drug consumption and possession for individual use a decade ago, along with the country-wide spread of opioid-substitution therapy, including in prison settings, made an extraordinary difference in our fight against the epidemic.

Also important are efforts to scale up evidence-based options for drug-dependence treatment and funding for measures that address drug treatment and harm reduction, as endorsed by the World Health Organization and the United Nations. This scientific and human rights-based approach should also be the basis for abolishing ineffective compulsory approaches.

These initiatives require the active participation of drug users, which is assured by the creation of a supportive environment in which the criminalization of drug use and punishment of drug users is replaced by the provision of health and treatment services, and with programmes addressing tuberculosis, hepatitis-C and overdosing. Our objective is to reduce the number of new infections and ensure that more people receive the treatment and support they need, while ensuring the right to health, dignity, social protection and justice, as guaranteed by our Constitution and in line with our international human rights obligations.

We are fully aware of the fact that a successful HIV response demands adequate financing to ensure effective prevention, treatment, support and care, both in our own country and as part of global efforts. Treatment must be recognized as a major preventive intervention that influences the social dynamics of the epidemic beyond individual needs and rights.

Over the past five years, Portugal has doubled the number of people on antiretroviral treatment. This was a critical step in controlling the epidemic, but it also placed a major financial burden on our national health service. Antiretrovirals need to be affordable, and we urge the international community to find the means to ensure sustainable access to treatment without jeopardizing the larger health-care system.

During the 2006 High-level Meeting of the General Assembly on HIV/AIDS, Portugal reiterated its support for the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and emphasized the importance of political involvement at the highest level, the essential role of civil society and the central contribution of people living with HIV/AIDS. In 2008, Portugal again reaffirmed those commitments and called attention to the importance of implementing the Dublin and the Bremen Declarations and the need to monitor their implementation.

Allow me now to emphasize the central role played by people living with HIV/AIDS in shaping the Portuguese response to the epidemic, as well as the fundamental contribution of the Civil Society Forum and its organizations in fighting stigma and discrimination. We believe that this collaborative approach is the way to proceed if we wish to achieve a world with zero discrimination.

The achievements in the response to HIV, so dramatically expressed in the recent decline in new infections in some regions of the world, have been the result of strong international commitment and national leadership. In our globalized world, characterized by free trade and the free movement of people, regional cooperation is of the utmost importance, and the advantages of linguistic and cultural bonds cannot be disregarded. In fact, they can contribute to efficient partnerships and a more effective translation of principles and knowledge into practice.

Portugal is currently the coordinator of the AIDS programmes of the Community of Portuguese-speaking Countries. In 2007, we promoted the first meeting of national AIDS coordinators of the 27 European Union member States and neighbouring countries. These were, and remain, crucial opportunities for cooperation, mutual learning and a better understanding of appropriate solutions. We believe that they deserve to be replicated and expanded.

Bearing in mind the magnitude of the HIV epidemic, the impact of infection on the labour force and the challenging inequalities we face around the world, it becomes clear that scaling up all components of HIV prevention remains an urgent objective. In addition, HIV-2, a type of orphan infection, as well as HIV/tuberculosis co-infection and the reorganization of health services that it requires, call for renewed attention and innovative responses.

Last but not least, we cannot forget that persistent gender inequalities, prevailing gender stereotypes and gender-based violence play a fundamental role in increasing HIV risk and vulnerability. Therefore, we strongly believe that sexual and reproductive health and rights should be respected and promoted.

The President (*spoke in French*): I now give the floor to the representative of Belarus.

Mrs. Kolontai (Belarus) (*spoke in Russian*): For the past 30 years, humankind has fought the HIV/AIDS epidemic, which has claimed the lives of more than 25 million people. The scale of the global spread of the epidemic continues to be a source of grave concern. However, the initiatives and proposals we have heard in the Hall on uniting Member States and all stakeholders in their efforts to fight the disease inspire certain optimism.

We can realistically accomplish the tasks before us. The international community has the ability to put an end to the epidemic once and for all. In that context, Belarus has vested great hope in the global plan to eliminate mother-to-child transmission by 2015. The successful implementation of that plan will enable us to substantially improve the epidemiological situation in the world and help to enhance coordination of international efforts in that regard.

Despite significant progress in the fight against HIV/AIDS, the situation remains complex. In such circumstances, Belarus gives pride of place to issues related to the fight against HIV/AIDS by guaranteeing health care and sustainable socio-economic development for its people.

We are fine-tuning relevant national legislation. We are also implementing national HIV-infection prevention programmes, the main goals of which are to achieve universal access to HIV prevention, treatment, care and support. Plans are also being developed to stabilize and reduce the number of HIV infections, increase life expectancy and reduce the number of HIV/AIDS-related deaths by implementing a series of prevention and treatment measures.

Belarus actively involves all stakeholders in initiatives to fight the spread of HIV/AIDS, including United Nations agencies, civil society and organizations of people living with HIV/AIDS.

The National Inter-Departmental Council on the Prevention of HIV Infection and Sexually Transmitted Infections has designed and launched a country coordinating mechanism to work with the Global Fund to Fight AIDS, Tuberculosis and Malaria. This mechanism has enabled Belarus to effectively implement its national HIV-infection prevention programmes and international technical assistance projects financed by the Global Fund.

Overall, thanks to those legislative refinements and organizational and preventive measures, Belarus has managed to contain the spread of HIV infection. Over the past decade, Belarus has made substantial progress towards achieving the goals established in the Declaration of Commitment on HIV/AIDS (resolution S-26/2). Efforts to curb the rapid spread of HIV infection are at an important stage.

Political support, as well as increased State funding and grants from the Global Fund, have allowed us to achieve significant success in providing access to HIV prevention and treatment services. In Belarus, all those who need antiretroviral therapy are guaranteed access.

Systematic efforts to prevent mother-to-child transmission were instrumental in reducing vertical transmission by 3 per cent in 2010. The number of AIDS-related deaths has fallen by half since 2006. Active outreach and preventive work is under way with young people, who are the main group at higher risk of HIV infection, including the creation of centres specialized in working with that segment of the population. We have developed a single outreach strategy for HIV/AIDS that takes an innovative approach to raising awareness of prevention campaigns.

We have reviewed the legal framework for the provision of medical assistance to people living with AIDS. However, we still have a long way to go. To that end, Belarus has adopted a national HIV-prevention programme for the period 2011 to 2015, which includes events and measures to move forward with the fight against HIV/AIDS. In other areas, we look forward to receiving continued support from United Nations system organizations and specialized agencies, which have been working closely with the World Health Organization to assist with national measures to develop and implement HIV/AIDS prevention strategies.

Belarus supports the adoption of the draft political declaration on HIV/AIDS (A/65/L.77), which outlines further steps in the fight against the epidemic. Together with all other stakeholders, Belarus will play an active role in the implementation of the measures planned to fight the epidemic and will continue to do

its part in global efforts to reverse the spread of HIV/AIDS.

The President (*spoke in French*): I now give the floor to the representative of New Zealand.

Ms. Cavanagh (New Zealand): We meet this week, three decades into the AIDS pandemic, to review progress and chart the future course of the global response.

We are at a crossroads. Action at international and national levels is making a difference. The global commitment has been unprecedented, but the epidemic is outpacing the response and costs are increasing. We need to reinvigorate our collective efforts to ensure that the gains of the past decades are not lost. New Zealand therefore welcomes the successful conclusion of negotiations on a draft outcome document (A/65/L.77) that builds on the 2001 and 2006 Declarations.

In New Zealand, the prevalence of HIV infection is very low, with the main risk of transmission being sexual contact between men. We recognize, however, the challenges to achieving the goal of universal access and the global vision of a world with zero new HIV infections, zero AIDS-related deaths and zero discrimination.

A comprehensive approach is needed. As a starting point, we support the extension of the time frame for achieving universal access to 2015. There is a need for better integration of HIV/AIDS interventions with other health programming, in particular sexual and reproductive health. Last year's Millennium Development Goals (MDGs) outcome document (resolution 65/1) emphasized the importance of strengthening health systems, because health is a cross-cutting issue that has an impact on the achievement of all MDGs. In that regard, addressing HIV within the broader context of health systems is therefore important.

Stigma, discrimination and punitive laws and policies continue to undermine efforts to prevent new infections. Key at-risk populations, including men who have sex with men, sex workers and injecting drug users, are often reluctant to seek services.

The protection and promotion of human rights is a prerequisite to a successful response to HIV/AIDS while ensuring that key populations fully enjoy their human rights and have equitable access to services, including for sexual and reproductive health, and to life-saving drugs. We call for an inclusive approach in HIV programming and service delivery that also encompasses young people and those with disabilities.

HIV/AIDS continues to have a disproportionate impact on women and girls. In our own Pacific region, the primary mode of HIV transmission is heterosexual contact, and the number and proportion of females known to be infected with HIV has increased steadily. The promotion of gender equality and the empowerment of women and girls must therefore continue to be a priority.

New Zealand has taken a cutting-edge approach to evidence-based prevention, and our low HIV infection rates are a testament to this. We put human rights at the centre of our response by decriminalizing sexual contact between men who have sex with men, making discrimination on the basis of sexual orientation and HIV status illegal, decriminalizing prostitution and establishing needle-exchange programmes.

We urge States that have not already done so to reform laws that stand in the way of an effective response; enact meaningful and transparent measures to monitor their efforts to address HIV stigma; and promote effective responses for populations at higher risk. Scarce resources need to be maximized.

Prevention is the mainstay of the global HIV response. Decisive evidence exists on the effectiveness of prevention and treatment strategies. National responses and priorities need to take account of this evidence so that they can respond with cost-effective interventions that target those at greatest risk. There is also a need to continue scaling up access to treatment, in particular for infants and children, including to second-line drugs.

New Zealand believes that strong country ownership, leadership and coordination are critical to an effective response. In that context, we underscore the importance of engaging multiple stakeholders and working with affected communities as central to an effective HIV response. At the national level, strong working partnerships are needed between Government, civil society and the private sector.

Collective efforts and improved coordination at the international level are also critical. There is a shared responsibility among donor countries, emerging economies, affected countries, the private sector and

other development agencies. New Zealand's contribution internationally includes support to multilateral and regional organizations, including those that focus on integrating HIV and sexual and reproductive health care and services. In the Pacific region, we support a multi-year donor financing mechanism designed to assist countries in implementing the Pacific Regional Strategy on HIV and Other Sexually Transmitted Infections.

New Zealand recognizes the need for ongoing action on HIV. It represents a down payment on a healthy future, while yielding benefits for future generations, reducing human suffering and averting associated economic and development costs.

The President (*spoke in French*): I now give the floor to the representative of Romania.

Mrs. Miculescu (Romania): This High-level Meeting on HIV/AIDS represents for Romania and, I presume, for other countries, an opportunity to discuss and structure new and creative ways of resolving major public-health issues, such as this one, by replacing the classical epidemiological dogmas with an avant-garde approach based on therapy, and not solely on rhetoric.

In facing a true HIV/AIDS epidemic among small children at the beginning at the 1990s, Romania had to take measures that seemed unimaginable at the time. So what has our country done to resolve and control this scourge? I am happy to share the answer with the Assembly. In a nutshell, it can be considered a success story, bearing in mind where we began and where we are now.

In 1985 and 1986, having identified a series of HIV infection cases in adults, Romania decided to exercise very strict control over those cases by establishing a special centre for affected patients. As was the practice around the world, such cases were considered as terminal. Moreover, Romania reported those cases to the World Health Organization, an unusual step for a socialist country.

In 1990, Romania was confronted with an HIV epidemic among homeless children and orphans. In fact, that marked an unfortunate milestone in the country's history, as Romania was globally recognized as having a significant public health problem. At that time, we realized that a series of new measures was needed and that the strict isolation method was no longer relevant. One new measure was the one we today call antiretroviral therapy. In 1995, we began to discuss such therapy and, after signing the Paris Declaration that same year, Romania endeavoured to keep up with the most recent discoveries in the field of medications, which then carried an enormous cost.

In 1997, we put in place a new health policy in this area, marking Romania's decision to take a new approach. That was a crucial moment. That new approach consisted of a public-private partnership, which we today believe is still the best solution. This partnership resulted in the establishment of nine regional centres dealing with HIV/AIDS issues in Romania and in the re-establishment of our national programme to combat AIDS.

In 2001, Romania negotiated with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in New York for assistance related to antiretroviral medication. As a result, in 2002, Romania benefited from reduced medication costs, which allowed us to quickly reach our target of universal access for this therapy. The progress was absolutely miraculous. That result, which also reflected a political decision, contributed to the sustainability of our national programme, which in turn resulted in granting a second chance at life to HIV-infected children and in creating an epidemiological model.

As the HIV epidemic has evolved in Romania over the past 26 years, the positive results prove without any doubt that, where there is political will, we can find a solution for any problem.

In that context, let me also mention that, given how much there is to do and learn in this area, Romania has established the European HIV/AIDS and Infectious Diseases Academy to provide professional training, establish standards of care and, last but not least, conduct research in this field. This is another efficient platform of cooperation that we should use to accelerate progress in this very sensitive area.

The year 2011 represents for Romania, as it does for so many other countries, a crossroads in the approach to HIV/AIDS. This is the first time since the pandemic began to spread that we can talk in very clear terms about a cure. In order for the cure of HIV/AIDS not to remain just mere words, we should all do at least three basic things, namely, to ensure free access to therapy for all those infected with HIV or who already have AIDS; to ensure the sustainable prevention of vertical transmission from mother to child through

already proven therapeutic means; and to sustainably address the vulnerable groups that we all know by now, that is, men who have sex with men, intravenous drug users and sex workers.

From this moment on, it is very clear what our options are. If we pursue them in a constant and sustainable manner, then future generations will be grateful. If we do not pursue them and they remain just rhetoric, then God forgive us. Because we deeply believe not only in words but also in concrete action and a long-term vision, I would like to express, in line with the European Union position, Romania's strong political commitment to the universal access targets set forth in the Millennium Development Goals, as well as our total support for this High-level Meeting's draft declaration on HIV/AIDS (A/65/L.77) and for the UNAIDS global strategy for the period 2011 to 2015.

A world with zero new HIV infections, zero discrimination and zero AIDS-related deaths is not one that we only imagine, but one that we are building through our endeavours and dedication. In that regard, Romania is both optimistic and ready for the challenge.

The President (*spoke in French*): I now give the floor to the representative of the Sudan.

Mr. Youssif (Sudan): I would like to take this opportunity to congratulate the Secretariat and sponsors for their leadership and coordination of this High-level Meeting on HIV/AIDS. I would also like to express our appreciation to Secretary-General Ban Ki-moon and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their comprehensive efforts to fight the HIV/AIDS epidemic.

This meeting is of great importance, as the world marks 30 years since the start of the HIV epidemic. Despite the substantial progress made since the Assembly's adoption in 2001, during the special session, of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and its adoption of the 2006 Political Declaration (resolution 60/262), HIV/AIDS remains a major challenge and a formidable threat to global development, especially in Africa.

The Sudan is described as having a low generalized epidemic, with an average HIV prevalence rate estimated to be around 2.6 per cent. However, the prevalence of HIV is reported to be 3 per cent among pregnant women in southern Sudan, which is bit higher than the national rate. With peace prevailing and mobility restored, southern Sudan is therefore likely to experience a rapid increase in HIV prevalence, which could reach as high as 6 per cent by 2015.

The Sudan has been able to register the following progress in the fight against HIV/AIDS. We have developed a five-year national strategic framework, monitored the evolution of the epidemic, drafted guidelines for the treatment and prevention of mother-to-child transmission of HIV and mainstreamed HIV in line ministries. Those efforts are aimed at reducing mother-to-child transmission from 30 per cent to 10 per cent and to increase care and support services for people living with HIV from 10 per cent to 30 per cent by the year 2014. The Sudan is also working to finalize a biological and behavioural survey that will provide us with an accurate measure of the prevalence of HIV in the Sudan.

The Government of the Sudan is committed to fighting HIV and AIDS by ensuring universal access to HIV and AIDS prevention, treatment, care and support services to people living with HIV. In doing so, we will give priority to developing an effective strategy for resource mobilization and utilization in the framework of the national HIV response; investing in generating strategic information to improve our understanding of the epidemic and our response; scaling up access to quality HIV/AIDS services and the integration of HIV in all sector plans at the national and State levels; building capacity at the national and decentralized levels in the planning and coordination of the HIV response; and developing a sustained public HIV/AIDS awareness campaign that includes advocacy for increased and sustained political and leadership commitment at all levels.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is currently the only source of funding for antiretroviral therapies and HIV care services in the Sudan, while the Multi-Donor Trust Fund supports capacity-building for relevant Government institutions and civil society organizations at all levels. In the case of Southern Sudan, the two sources of HIV funding will end by July 2011, which will create a huge gap in the delivery of HIV and AIDS services.

The major challenge at hand is the limited coverage of HIV/AIDS services. Resource mobilization remains challenging, and future funding of the HIV response is uncertain. There is limited capacity on the part of partners to rapidly scale up interventions at the

State and lower levels. And there is limited strategic information available, in particular with regard to the most at-risk populations.

The Sudan is renewing its view on the role of the family and cultural and religious values in the fight against HIV/AIDS. The Sudan would like to stress that the principle of sovereignty is a right of each Member State, as set forth in the Charter of the United Nations and in international law. Accordingly, during the past two months, the Sudan participated effectively in negotiations between the Member States on reaching the terms of the political declaration on AIDS to be adopted by this High-level Meeting. We strongly believe that the outcome of this High-level Meeting on HIV/AIDS will be an excellent opportunity for the world to join hands and intensify national, regional and international efforts to reverse the HIV epidemic.

I would like to urge the international community, especially developed countries, to enhance financial support to developing countries, including capacity-building to ensure the continuity of HIV/AIDS services to the people in need. The Sudan renews its commitment to continue its work in fighting HIV/AIDS at the regional and international levels. I wish the Assembly fruitful deliberations.

The President (*spoke in French*): I now give the floor to the representative of the Russian Federation, who wishes to speak in exercise of the right of reply.

Mr. Maksimychev (Russian Federation) (*spoke in Russian*): The Russian delegation has asked to take the floor in exercise of the right of reply following the statement made earlier by the representative of Georgia.

We regret that in his statement the representative of Georgia made an effort to politicize the discussion in the General Assembly on such an important issue as the global struggle against HIV/AIDS. He also did not take into account the new realities in the region following the emergence of two new independent States, Abkhazia and South Ossetia. The responsibility for combating the spread of HIV/AIDS in those territories lies with their Governments.

With regard to Russia's actions in 2008, they were triggered by the criminal activities of Georgian troops in South Ossetia and by the need to protect civilians there.

The meeting rose at 8.15 p.m.